Irish Life health

Post-Natal Home Help Form

Member name:

Member policy number:

Member address:

Child(ren) name(s):

Date of birth of child(ren) (dd·mm·yy): ☐☐·☐☐·☐☐

Hospital/Place of birth:

Claim		
Service provided	Date of service	Hours worked
Total claimed		

Signed by service provider:

Irish Life Health member comments:

Validated by Irish Life Health member:

For Office Use Only

Service Provider

Name:

Number:

Telephone number:

Consent

I declare that at the time I underwent medical treatment I was a party to a health insurance contract and was entitled to treatment under my Irish Life Health plan. I declare that my doctor, including accident and emergency referral, recommended the treatment and referred me to the appropriate consultant for further treatment. I declare that to the best of my knowledge, the information provided in this form is accurate, true and complete. I authorise the doctors, consultant or hospital to furnish Irish Life Health dac, or any unauthorised agent it may appoint to act on its behalf, with any information requested, including access to my hospital/medical records, where it is necessary in relation to any claim regarding treatment or services received by me or my named dependants. I authorise the direct payment by Irish Life Health dac to the doctor/consultant/hospital as appropriate for the services set out on this claim form to the extent provided for under my Irish Life Health plan. I verify the details of the accounts submitted on my behalf by the doctor/hospital/consultant as an accurate reflection of the treatment I received. I understand that the details of these amounts will be included in my Irish Life Health statement of payment and I will have the opportunity to contact Irish Life Health dac directly with any queries. Charges not covered under the Irish Life Health plan to which I subscribe will remain my responsibility or that of the named dependant who received the treatment to settle directly with the doctor, consultant or hospital concerned.

Declaration

I/we confirm that all the details, answer and information given in this form are true, accurate and complete. I acknowledge that this information will form the basis of my/our claim with Irish Life Health Insurance Ireland Limited. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Data Protection section on the overleaf.

Your signature:

Date:

Please turn over

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Data Protection

Irish Life Health dac is registered with the Office of the Data Protection Commissioner to act as a data controller and data processor in relation to the personal information held about you and any other member named on your policy.

The personal information that you have provided to us or that we otherwise obtain in connection with your policy will be used to administer your policy and other insurance products provided by us, other companies in the Irish Life Group or other commercial partners, in accordance with data protection and other applicable legislation and the Office of the Data Protection Commissioner-approved Code of Practice on Data Protection for the Insurance Sector. Please do not send us any genetic test results.

We will share this information with our third party administrators and any other commercial entity for the purposes above and as required to provide our services and in order to comply with legal obligations imposed on us. We may share and use this information both inside and outside of the European Economic Area, in confidence, for these purposes. We may in certain circumstances either directly or indirectly share your personal information with other insurers for the purposes of verifying information and determining waiting periods and with insurance bodies to the extent permitted by law. If you give us false information or fail to disclose information, we will record this.

To help improve the level of service we provide, we may on occasions contact you for participation in consumer satisfaction or research surveys. Your details may be used for these purposes for 12 months after your policy has ceased.

Important: In certain instances, we may need to collect personal information, including medical or other sensitive personal information, from third parties about you and any other member named on your policy. This information will remain strictly confidential and will only be sought and used in order to provide the services set out in your contract with us and for administration of this policy. By entering into a new policy with us, or renewing or amending an existing policy with us, you are also confirming that where relevant, each member of the policy has reviewed this notice and given their consent for the disclosure to us and the use of their personal information (including information collected from third parties) in the manner and for the purposes set out in this notice.

ONLY SIGN THE DECLARATION OVERLEAF IF YOU FULLY UNDERSTAND AND HAVE MET ALL OF THE ABOVE REQUIREMENTS.

Read all forms carefully and make sure you fill in the mandatory fields

Irish Life Health, P.O. Box 764, Togher, Cork
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