

Boston Scientific Employee Consent Form

Boston Scientific will pay the in-patient private hospital excess for eligible employees and policy beneficiaries who are admitted to the Galway Clinic as an in-patient. Employees and beneficiaries are asked to give their consent to Boston Scientific HR being informed if you or one of your policy beneficiaries has had an in-patient stay in a private hospital.

In order for the hospital to be reimbursed by Boston Scientific for the excess due under your health insurance contract, the following must be completed and signed by the patient or policyholder (if patient is under 18).

1)	I confirm that I am a Boston Scientific employee or a beneficiary of a policy held by a Boston Scientific employee? YES NO
2)	I confirm that my health insurance premium is subsidised by Boston Scientific and I understand that Boston Scientific will not cover the private hospital excess payment for any person whose health insurance is not subsidised by Boston Scientific. YES NO
3)	I consent to Boston Scientific HR being informed that I or my beneficiary has had an inpatient stay in hospital. YES $\hfill\Box$ NO $\hfill\Box$
4)	I understand that I am liable to pay the inpatient private hospital excess if I have answered No
	to any of the above questions. YES NO
Pati	ent Name: (Please Print Name)
Irish	Life Health policy number:
Boston Scientific employee number: (Not required if a beneficiary)	
Pati	ent/Policy holder Signature:
Dat	e: DDMMYY

Please note no medical or claims information shall be provided to Boston Scientific other than that an inpatient stay occurred.