Irish Life health

Out-patient Minor Injury Clinic

To make sure that you are not out of pocket, Irish Life Health and most treatment centres have a direct payment agreement that enables your claim to be settled directly between the treatment centre and Irish Life Health. To facilitate this, Irish Life Health may provide information to the treatment centre verifying your membership eligibility.

Part 1: Patient Details (To be completed by Patient and/or the Policy Holder)

Patient name	
Irish Life Health Membership Number	
Date of birth (dd/mm/yy)	
Daytime contact number or mobile of patient	

Personal injury claims (This section is for completion in the case of personal injury)

Date of occurance of injury (dd/mm/yy)				
Place of injury				
Do you plan to pursue a claim against a third party?	Yes	◯	No	◯
Brief description of how injury occurred				

Third party claims claims

This section is for completion where you are making a claim against a third party, another person, company or public body, or where another person was responsible for your injury.

Name and address of person, company or public body responsible	
Name of insurance company	
Name of solicitor	
PIAB contact name	
Solicitor contact number	

Irish Life health

Declaration

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 to the best of my knowledge, the information provided in Part 1 of this form is accurate, true and complete. I authorise the doctors or minor injury clinic to furnish Irish Life Health, or any authorised agent it may appoint to act on its behalf, with any information requested, including access to my medical records, where this is necessary in relation to treatment or services received by me or my named dependants in respect of this claim. I understand that only medical information relating to my claim will be requested by Irish Life Health. I authorise the direct payment by Irish Life Health to the doctors/minor injury clinic 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 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 minor injury clinic concerned.

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. I understand that the information will be used to process the claim as outlined above and for the purposes as set out in the ILH privacy notice which can be found at http://www.irishlifehealth.ie/privacy-and-legal/privacy-statement/

Signature (member)	
Date: (dd/mm/yy)	

Part 2: (To be completed in full by the attending doctor)

Patient name	
Please supply full description and details of tests/treatment supplied covered by this claim:	

Procedure code 1:		ICD code:		Date of procedure: (dd/mm/yy)	
Procedure code 2:		ICD code:		Date of procedure: (dd/mm/yy)	

Discharge Status	Home	◯	Transfer to hospital	◯

Declaration

Ihereby declare that the treatment I am claiming for was medically necessary and was appropriate for the patient's medical condition as described above.

Signature (member)	
Date: (dd/mm/yy)	
Name of Minor Injury Clinic	
Minor Injury Clinic code	