

# Exogen Therapy Claim Form

To help process your claim quickly please make sure the following steps are followed.

1. Fully complete the claim form for each patient at the start of the Exogen treatment
2. Attach invoice for treatment that includes:
  - > Patient's name
  - > Treating Consultant
  - > Treating Hospital
  - > Consultant's Provider Number
  - > Dates of treatment
3. Post completed claim form and invoice to:
 

**Irish Life Health Claims**  
**PO BOX 13028**  
**Dublin 1**

## PART 1 - Patient Details This part to be completed by the Patient.

Patient's name:					
Daytime contact number:					
Patient's membership/Policy number*:					
Date of Birth: (dd/mm/yy)					

\*This can be found on your membership card and on your membership certificate

### Patient Declaration

I declare that at the time of the 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 consultant recommended and referred me for this treatment. I declare that to the best of my knowledge, the information in this form is accurate, true and correct. I authorise the consultant/ nurse or hospital 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 consultant / nurse or hospital records, where this 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 to Bioventus to settle directly with Bioventus 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 account submitted on my behalf by the consultant as an accurate reflection of the treatment I will receive. I understand the details of these amounts will be reflected 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 my Irish Life Health plan will remain my responsibility or that of my named dependant who received the treatment to direct settle with Bioventus. In consideration of Irish Life Health discharging my medical expenses to the extent of cover limits, I undertake to Irish Life Health to include these expenses as part of any claim against a third party and to inform my solicitor or Personnel Injury assessment Board to this effect when perusing any claim.

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 Irish Life Health Privacy Notice which can be found at <https://www.irishlifehealth.ie/privacy-and-legal/data-privacy-notice>

Print name in block capitals:					
Patient's Signature:					
Date: (dd/mm/yy)					

## PART 2 - Consultant Details This part to be completed by the Consultant.

I hereby declare that I have reviewed the named Irish Life Health Member and that Exogen is the best course of treatment. I have also sought preauthorisation for the Exogen treatment to be carried out on the named Irish Life Health member in advance of the commencement of the treatment

Treating Consultant's name					
Treating Consultant's signature					
Date: (dd/mm/yy)					

## PART 3 - Bioventus Details

Name of person submitting the claim:					
Provider Number: Claims will be paid into the bank account registered to the provider number					
Is the invoice attached		Yes		No	
Date: (dd/mm/yy)					