

## Anaesthetist's Claim Form

This form should be completed by the Consultant Anaesthetist who provides the services listed below and billed in line with Irish Life health's Schedule of Benefits for Professional fees and Ground Rules. This form should be completed in full and accompany the Hospital Claim Form.

### Patient Details (To be completed by Anaesthetist)

Patient name												
Irish Life Health Membership Number												
Date of birth (dd.mm.yy)												

### Hospital Details

Name of hospital												
Admission date (dd.mm.yy)												
Discharge date (dd.mm.yy)												
Anaesthetic date (dd.mm.yy)												

### Type of Anaesthetic Administered

Source of referral (please tick)	General		Sedation		Regional	
	Local		Monitored		Other	

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)					
Procedure code 3:							ICD code:							Date of procedure: (dd/mm/yy)					

Please provide the clinical indicators for the anaesthetic administered:


Please list anaesthetic drugs and dosage administered:

Drug Name:	Dosage:

Please confirm the setting where the anaesthetic agent was administered:

Day Ward		Sideroom		In-patient bed	
Local		ICU/HDU/CCU/NICU/SCBU		Other (please specify below)	

## Declaration

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. 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 <http://www.irishlifehealth.ie/privacy-and-legal/privacy-statement/>

<b>Signature</b> (member)								
Date: (dd.mm.yy)								
Irish Life Health Doctor Code								