

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.

PART 1: This part to be completed by Anaesthetist

Patient's full name											
Patient's membership number											
Patient's date of birth (dd.mm.yy)											

PART 2: Hospital Details

Name of hospital											
Admission date											
Discharge date											
Anaesthetic date											

PART 3: Type of Anaesthetic Administered

Please select from the list below:

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 type of airway support used:

Please confirm the setting where the anaesthetic agent was administered:

Dayward	Sideroom	In-patient bed
Theatre	ICU/HDU/CCU/NICU/SCBU	Other (please specify below)

PART 4: Declaration

Declaration

I hereby declare that the treatment I am claiming for was medically necessary and that the length of hospital stay was appropriate for the patient's medical condition as described on this form.

Your signature	Date
Irish Life Health Doctor Code	