

Back Up Physiotherapy Claim Form

Direct Payment of Physiotherapy Charges

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

1. Fully completed claim form for each patient at the end of their Back Up programme treatments
2. Attach invoice for treatment that includes:
 - > Patients name
 - > Treating Physiotherapists Name
 - > Practice Name and Address
 - > Physiotherapist/Practice Provider Number
 - > Dates of Treatment
3. Post completed claim form and invoice to:

**Irish Life Health Back Up 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 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 my case manager recommended the treatment and referred me to the appropriate physiotherapist for further treatment. I declare that to the best of my knowledge, the information provided in this form is accurate, true and complete. I authorise the doctors/consultant/physiotherapist/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 doctors, consultant, physiotherapist 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 the physiotherapist 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 accounts submitted on my behalf by the physiotherapist 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 physiotherapist. 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 my claim against a third party and to inform my solicitor or Personal Injury Assessment Board to this effect when pursuing 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 - Physiotherapist Details This part to be completed by the Physiotherapist.

Is an invoice attached?	Yes	No
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Physiotherapists Declaration

I hereby declare that I am a CORU registered physiotherapist with ISCP membership. I treated the above named patient for the treatment sessions that are attached to this claim. I will furnish Irish Life Health with treatment notes if they are required as part of a claims audit.

Treating Physiotherapists Name:										
Treating Physiotherapists Signature:										
Back-Up Physiotherapist/Practice Provider Number: Claims will be paid into the bank account registered to the provider number										
Date: (dd/mm/yy)										