# Back Up Physiotherapy Claim Form

## Direct Payment of Physiotherapy Charges

Irish Life health

**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 Address
   - Physiotherapists 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: Patient's membership/Policy number*:

Daytime contact number: Date of Birth: (dd/mm/yy)

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

## Personal Injury Claims

**This section is for completion only in the case of Accident / Injury**

Date of occurrence of injury (dd/mm/yy): Place of accident / injury:

Do you plan to pursue a claim against a third party? Yes No (If yes please complete Third Party Claims section below)

## Third Party 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 of third party:

Address of third party:

Name of insurance company: PIAB contact name:

Name of solicitor: Solicitor contact number:

## Consent

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 Part 1 of 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 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.

## Patient 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 https://www.irishlifehealth.ie/privacy-and-legal/data-privacy-notice

Print name in block capitals:

Patient's Signature: Date: (dd/mm/yy)

## PART 2 This part to be completed in full by the treating physiotherapist.

Is an invoice attached? Yes No

## Physiotherapists Declaration

I hearby delcare 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: Date: (dd/mm/yy)

Treating Physiotherapists Signature: Back Up Physiotherapist Provider Number:



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