looking after you always

Money Smart Out-patient Claim Form

Using this claim form

This claim form has been designed to help you make a claim from laya healthcare for out-patient expenses under the Money Smart schemes.

Guidelines to making your claim

- **Claim form to be signed by main member or policyholder**
- Claims must be submitted within 12 months of the treatment date on your receipt
- Check that original out-patient receipts are enclosed (photocopies, cash register receipts, visa receipts etc. are not acceptable)
- Please ensure that all receipts include the name of the patient, the cost incurred and the date of the visit/treatment.
  Please note that out-patient receipts will not be returned following assessment
- The Revenue Commissioners will now accept your Statement of Claim (which we will send to you when your claim has been assessed) as evidence of medical expenses incurred

Note: A members waiting periods shall be reduced by their continuous period of cover (if any) under one or more health insurance contracts prior to their membership start date if the period of continuous cover ended within 13 weeks. Please ensure you provide details of your previous insurance if relevant to your claim.

Important note

For a full list of the out-patient benefits available on your scheme please visit the "How To Claim" section of our website, **www.layahealthcare.ie** or contact us on **021 202 2000.**

1 Member's details

If you have a Money Smart policy and another laya healthcare private medical insurance policy please provide both membership numbers

Money Smart membership number: | | | | | | | | | | |

Private medical insurance membership number: | | | | | | | | | | |

Title:

Surname:

Forenames:

Date of birth: Day | | Month | | Year | |

Telephone:

Correspondence address:

Email:

2 If you are on one of the Money Smart Family schemes please include your dependants details below

Name:	Relationship to main member:	Date of Birth:

3 MRI section (to be completed by Consultant in overall charge of the patient)

Name of GP/Consultant who referred you for the MRI:

Consultant code:

4 Accidents section (please complete in all cases involving injury)

Description and date of accident/injury: Day | | Month | | Year | |

Are the expenses recoverable from another source? Yes ☐ No ☐

If yes, are you claiming these expenses through: Solicitor: Yes ☐ No ☐ or Personal Injuries Assessment Board: Yes ☐ No ☐

If either of the above are selected, please state the name, address and policy details:

I declare that laya healthcare may contact my solicitor in order to ensure that any monies payable from a third party, as a result of an accident or an injury, are repayable to laya healthcare to offset against any claims we pay:

Signed (insured member if over 16)

Signed (subscriber)

part of AXA

looking after you always

5 Receipt details

Treatment type:	Number of receipts:	Total cost of receipts:
GP & A&E		
Hospital Day-case/In-patient Cash Back		
Prescriptions		
Routine Dental/Optical Cover		
Day to day therapies (physiotherapy, reflexology, acupuncture, osteopathy, physical therapists, chiropractor)		
Maternity/Adoption cash back		
Consultant Fee		
Scan Cover		
	Total cost of receipts:	

6 Your payment details

To ensure prompt payment of your claim, we can arrange to make payment directly, where possible, into your bank account.

If you currently pay your subscriptions by Direct Debit and would like to have your Money Smart claims paid, where possible, directly to this account please tick the box. ☐

If you currently pay your subscriptions by Direct Debit and would like to have your out-patient private medical insurance claim paid, where possible, directly to this account please tick the box. ☐

If you have already provided your bank account details for your claims to be paid directly into your account, you do not need to resubmit this information.

Alternatively please complete the mandate with your bank account details. If you do not provide these details or if you provide us with incorrect bank details we will pay you by cheque.

Name of account holder(s):

IBAN:

BIC:

Please write the full name and address of your bank or building society.

Policyholder's signature(s):

Date: Day Month Year

I/we will inform laya healthcare if I/we wish to cancel the existing instruction for future claims payment.

7 Declaration

I declare that the expenses detailed on this form were incurred by me and/or my dependants covered under my membership in respect of services received during the subscription year, on the recommendation of registered medical practitioners. I declare that, to the best of my knowledge, the foregoing statements are true in every respect. For the purpose of considering and determining the eligibility/appropriateness of claims **laya healthcare** may request the hospital/specialist/consultant/physician/health provider concerned to furnish **laya healthcare** or its duly authorised agents acting on its behalf (including, but not limited to, medical professionals whose services are retained by **laya healthcare**) with all necessary information as **laya healthcare** or its authorised agents may seek in connection with any treatment or other services provided to you or your dependant(s). I direct and authorise that all medical expenses (paid out by **laya healthcare**) recovered from the third party responsible for my/the patient's injuries shall be refunded by my solicitor directly to **laya healthcare**. I further direct my solicitor to deduct these amounts from my settlement cheque and reimburse **laya healthcare** directly. In the event that medical expenses recovered from the third party are refunded directly to me, the member, I agree to refund these monies directly to **laya healthcare**.

Policyholder's signature (a parent or guardian if patient is under 16)

Date:

Data Protection Statement

"**Personal Information**" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share their Personal Information with us. Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, sensitive information about health or medical conditions (collected with your consent where required by applicable law) or (where we require it and are legally permitted to collect it). Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and the settlement of claims including but not limited to: a) analyse, examine or clinically audit the care, claims processes and treatment/ overnight-stay/ convalescence /care pathway options applied/utilised by medical service providers; b) to undertake investigations into, and to adjudicate on, patient's claim (including investigations into the length of the patient's hospital stay and the treatment received whilst in hospital)
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Audit of medical service providers and the handling of claims by a medical services provider
- Marketing, market research and analysis

For the above purposes, Personal Information may be shared with our group companies and third parties (such as insurance distribution parties, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Appropriate technical and physical security measures are used to keep your Personal Information safe and secure.

When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures. You have a number of rights under data protection law in connection with our use of your Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator in your country. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below). More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy which is available at https://www.layahealthcare.ie/privacypolicy or upon request by writing to Privacy Lead, LayaHealthcare, Eastgate Road, Eastgate Business Park, Little Island, Co Cork, T45 E181 or by emailing info@layahealthcare.ie

Note: Payment and Explanation of Benefits will be issued to the policyholder.

Claims should be sent to: Laya healthcare, PO Box 12679 Dublin 15

part of AXA