looking after you always

Maternity Claim Form

In order to make a claim

Please answer all the questions below, complete the relevant sections, read and sign the declaration and consent section and ensure the original invoices are attached.

Further information

Under the 1988 Finance Act, **laya healthcare** must pay benefit for doctor's fees direct to the doctors. We will also deduct withholding tax for the Revenue Commissioners. For benefits and claim queries contact us on **021 202 2000** or visit **www.layahealthcare.ie**. Claims should be sent by the hospital to **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181.

(For homebirths please see reverse of form - Homebirth section)

Side 1 - To be completed in full by the patient

1 Patient details

Membership no:

Title: | Surname: | Forenames:

Date of birth: Day Month Year | Telephone:

Address:

Did you elect to be a private patient of the Consultant? Yes No

Name and address of the hospital you attended:

2 Doctor's details

Name of doctor first attended: | Date: Day Month Year

Address: | Telephone:

3 Newborn baby details

Your child can be added to your cover free of charge until your next renewal date. No waiting periods will apply if we have been notified within 13 weeks of the baby's date of birth. Please give us details below of your child's name; DOB and sex assigned at birth if you wish to add your child to your policy and we will organise this.

First name of child:	Surname of child:	Date of birth:	Sex assigned at birth :
		Day Month Year	Male Female
		Day Month Year	Male Female
		Day Month Year	Male Female

4 Declaration and Consent

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

Declaration

I declare that at the time the expenses were incurred, I/the patient was entitled to private medical insurance benefits under my/the patient's chosen **laya healthcare** scheme. I declare that my/the patient's doctor recommended the specialist treatment and to the best of my knowledge and belief the information given on this form is true and complete. 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). This includes copies of hospital/ medical records related to a claim made by you or your dependant(s), by which I mean the following in particular:

- records of physical or mental illness or ill-health;
- medical histories;
- records of treatments obtained by you;
- length of any stay in a hospital;
- discharge summaries;
- previous insurance details;
- other treatments or services received by you or your dependant(s);

Charges not eligible for benefit remain my responsibility to settle directly with the hospital and doctors concerned.

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**.

Print name

Signature (a parent or guardian if patient is under 16)

Date: (DD/MM/YYYY) / /

part of AXA

5 Hospital treatment section

Date of admission: Day ☐☐ Month ☐☐ Year ☐☐	Time:
Date of discharge: Day ☐☐ Month ☐☐ Year ☐☐	Time:

Room type	Please mark with an 'X'	Ward/room	Bed number	Number of days in each bed
Private room				
Semi-Private room				
Public ward				
Other – please specify				

6 Consultant and medical details (to be completed and signed by Consultant in overall charge of the patient. Claim will be returned if sections 6 & 7 are not completed in full)

Please give details by inserting a 'tick' in the appropriate box:

Normal delivery ☐ Caesarean section ☐ Vacuum delivery ☐ Forceps delivery ☐

Please give medical indications if Caesarean section:

Date of Delivery: Day ☐☐ Month ☐☐ Year ☐☐	Time of delivery

Anaesthesia General ☐ Epidural ☐ Both ☐

Please give details of any complications:

Please indicate other services which were requested by you: Consultant ☐ Pathology ☐ Radiology ☐ Other ☐
If other please specify

Did the baby require further treatment? If so, please supply details below

Did you personally provide the service billed for? Yes ☐ No ☐
Name of Consultant who delivered the baby (BLOCK CAPITALS)

7 Consultant declaration (to be completed and signed by the Consultant in overall charge of the patient)

I hereby declare that the treatment I am claiming for was medically necessary, personally provided by myself and the entire length of stay was due to the medical condition indicated on this form

Name of Consultant:	**Laya Healthcare** Consultant Code: ☐☐☐☐☐

Consultant signature
(You must sign here)

Date:

8 Homebirth section (to be completed by Midwife in overall charge of the patient)

Was the baby born at home? Yes ☐ No ☐	Date of birth: Day ☐☐ Month ☐☐ Year ☐☐

Was the patient transferred to a hospital? Yes ☐ No ☐ If Yes please give details
Equipment used for homebirth please specify

Number of consultations carried out:	Cost per Consultation:
Number of receipts included:	Value of receipts:

9 Midwife declaration

I hereby certify that I attended this patient for a home birth Name and address of attending Midwife:	Bord Altranais registration number:

Midwife/GP signature
(You must sign here)

Date:

Claims should be sent to:
Laya healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181