

General Practitioner 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

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

Sections 1 - 4 to be completed in full by the policyholder/member

| 1 Policy Details | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Membership no: | <input type="text"/> |
| Title: | Surname: Forenames: |
| Date of birth: (DD/MM/YYYY) | <input type="text"/> |
| Address: | Telephone: <input type="text"/> |
| Was treatment received directly as a result of an accident? (Please place 'X' in the required box) | Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please complete section 3 |
| 2 History of Illness Section | |
| When did you/the patient first notice symptoms? (DD/MM/YYYY) | <input type="text"/> |
| When did you/the patient first consult with a doctor for this condition? (DD/MM/YYYY) | <input type="text"/> |
| Have you/the patient claimed for this or related conditions before? (Please place 'X' in the required box) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, when? (DD/MM/YYYY) | <input type="text"/> |
| 3 Accident/Injury Section | |
| Date of accident/injury: (DD/MM/YYYY) | <input type="text"/> |
| Place where accident/injury occurred? | |
| How accident/injury occurred? | |
| Was this accident/injury due to the fault of another party? (Please place 'X' in the required box) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes please provide the name & address of the person, company or public body responsible. | |
| Please provide the name of their insurance company? | |
| Are you claiming these expenses through a Solicitor: (Please place 'X' in the required box) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Or through a Personal Injuries Assessment Board: (Please place 'X' in the required box) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name & address of solicitor (where applicable): | |

Diagnosis

a) Primary diagnosis:

b) Other diagnosis:

Procedures

Full description and details of specialist investigations and/or treatment personally provided/being invoiced:

| Procedure code | Procedure description | Date of service (DD/MM/YYYY) |
|------------------------------------|-----------------------|------------------------------|
| <input type="text"/> | | <input type="text"/> |
| Clinical Indicator (if applicable) | | |
| <input type="text"/> | | |
| Procedure code | | |
| <input type="text"/> | | <input type="text"/> |
| Clinical Indicator (if applicable) | | |
| <input type="text"/> | | |

Medical Management

Pathology Performed? Yes No

6 GP Declaration

I hereby declare that the treatment I am claiming for was medically necessary, personally provided by myself. I confirm that my contract of employment with the HSE / employing authority entitles me to charge for my professional services.

Name of GP: Laya Healthcare GP Code

GP Signature
(You must sign here)

Date: (DD/MM/YYYY)



| Claim Form | Check List |
|----------------------------------------|--------------------------|
| Is the claim form signed by the member | <input type="checkbox"/> |
| Is the membership number completed | <input type="checkbox"/> |
| Is the accident section completed | <input type="checkbox"/> |

| Claim Form | Check List |
|-----------------------------------------------------------------------------------------|--------------------------|
| Has the GP completed all medical details including diagnosis and onset date of symptoms | <input type="checkbox"/> |
| Is the invoice attached? | <input type="checkbox"/> |
| Is the claim form signed by the GP | <input type="checkbox"/> |

Further information

Laya healthcare must pay benefit for GP's fees directly to the GP. Withholding tax will be deducted from benefit paid to GP. For benefits and claim queries contact us on 021 202 2000 or visit www.layahealthcare.ie.

Your claim will not be processed if any of the following is not included:

| | |
|----------------------------------|--------------------------|
| Invoice | <input type="checkbox"/> |
| Member Signature | <input type="checkbox"/> |
| GP Signature | <input type="checkbox"/> |
| Symptoms | <input type="checkbox"/> |
| Diagnosis | <input type="checkbox"/> |
| Schedule of Benefit Requirements | <input type="checkbox"/> |

Procedure Codes* with Schedule of Benefit requirements:

Procedure code 16- Phlebotomy:
CLINICAL INDICATORS MUST BE NOTED ON THE CLAIM FORM:
 (0222) Haemochromatosis (including hereditary haemochromatosis) where there is evidence of Iron overload with an initial serum ferritin of 300 µg per litre in males and 200µg per litre in females
 (0223) Polycythaemia vera; primary
 (0224) Polycythaemia secondary EPO-mediated, including:
 i. Central hypoxia e.g. chronic lung disease, right to left cardiopulmonary vascular shunts or
 ii. Local renal hypoxia e.g. renal artery stenosis, end-stage renal failure or
 iii. Pathologic EPO production e.g. Hepatocellular carcinoma, renal cell carcinoma, pheochromocytoma or
 iv. Exogenous EPO, drug associated e.g. post renal transplant erythrocytosis
INITIAL SERUM FERRITIN FOR CLINICAL INDICATOR (0222) AND THE INITIAL HCT FOR CLINICAL INDICATORS (0223 & 0224) REQUIRED ON THE THE FIRST CLAIM

Procedure code 29- Basal cell carcinoma/squamous cell carcinoma, simple excision:
HISTOLOGY REPORT REQUIRED WITH THE CLAIM FORM

Procedure codes-44/51 – Cryosurgery/cryotherapy of warts:
SITE OF WARTS MUST BE SPECIFIED ON THE CLAIM FORM

Procedure code 69- Biopsies of the skin, subcutaneous tissue and/or mucous membrane including simple closure:
AREAS BIOPSIED MUST BE SPECIFIED ON THE CLAIM FORM

*Full listing of Procedure codes/Procedure codes with additional requirements are available on the schedule of benefits. You can view the Schedule of Benefits online by logging in to our Consultant Area at <https://www.layahealthcare.ie/consultantlogin>