

# 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](http://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)

