



## USING THIS CLAIM FORM

This claim form has been designed to help you make a claim from QUINN-healthcare for child health care expenses on our HealthManager and CompanyCare range of schemes, FamilyCare, CompleteCare and Credit Union Family schemes.

## SUBMITTING YOUR CLAIM

- Claims should be made within 12 months after the admission.
- Check the benefit section overleaf is fully completed.
- Check you have signed this form.
- Check the original receipts are attached.

## MAKING A CLAIM

- Please ensure that all relevant sections of the claim form are fully completed.
- Always enclose the original receipts - photocopies, cash register receipts etc. are not acceptable.
- Please note that out-patient receipts will not be returned following assessment of your claim. Please retain copies of your receipts prior to submission, if you require these.
- The Revenue Commissioners will now accept your Statement of Claim (which we will send to you) as evidence of medical expenses incurred, therefore you do not need your medical receipts returned to you.

- Ensure that all receipts include the name of the patient, the cost incurred and the date of the visit.
- Please answer all the questions below and sign the declaration on the back of this form

## FURTHER INFORMATION

- For benefits and claim queries, please contact us on 1890 700 890 or visit [www.quinn-healthcare.com](http://www.quinn-healthcare.com)

## CLAIMS SHOULD BE SENT TO:

- QUINN-healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork.

1 Member's details			
Membership no <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Title	Surname		Forenames
Date of birth	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> Telephone
Correspondence address			
QUINN-healthcare scheme (Please insert your scheme name here):			

2 Child's details			
Title	Surname		Forenames
Date of birth	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> Telephone

3 Details of child's stay in hospital			
Name of hospital			
Admission date:	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>
Discharge date:	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>

## Child health care support benefits payment

We will pay up to €250 on the HealthManager and CompanyCare range of schemes, FamilyCare, CompleteCare and Credit Union Family schemes for a child aged under 18 years of age, who has been in hospital for treatment for more than three consecutive days, for the following treatments, provided they are incurred within three months of discharge.

These benefits are for your guidance only and are set in accordance with the child health care support benefits detailed in the scheme rules and table of benefits.

Please ask us for details.

4 Treatment type	Total Cost (€)
Acupuncture - by a participating therapist	
Chiropractic - by a participating therapist	
Child counselling by an approved therapist - maximum of eight visits	
Consultant fees	
Dietician services - maximum of five visits	
G.P. fees	
Homeopathy - by a participating therapist	
Occupational therapist services - maximum of five visits	
Osteopathy - by a participating therapist	
Physiotherapy - by a participating therapist	
Radiology and pathology fees	
Reflexology by a participating therapist - up to eight visits	
Speech and Language therapy, on GP or Consultant referral - maximum of eight visits	
<b>Overall cost</b>	

5 Declaration and consent	
<p>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.</p>	<p><b>DATA PROTECTION ACT 1988 AND 2003</b></p> <p>The information you provide will be used to manage the administration of your policy and is held in accordance with the Data Protection Acts 1988 and 2003.</p> <p>We may need to collect sensitive information (such as medical conditions) about you and others named on the insurance policy. By providing this information you will be agreeing to us or our agents or other insurers processing that information for the purpose outlined above. Before you provide sensitive information about others, you should make sure they have given their express consent.</p> <p>Medical information will be kept confidential and may be disclosed, on a strictly confidential basis to those involved with your treatment or care or their health professional agents. Information may also be shared with other insurers, either directly or through people acting for the insurer such as Investigators and where we are entitled to do so under the Data Protection Acts.</p> <p>If you have any enquiries about your data, please write to the Information Protection Manager, at QUINN-healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co Cork.</p>
<p>Members signature (a parent or guardian if patient is under 16)</p>	
<p>Date</p>	