

Scan Claim Form

(Non-Direct Payment)

1 Member's details

Membership no:

Title: Surname: Forenames:

Date of birth: Day Month Year Phone (mobile preferred):

Correspondence address:

Email:



Policyholder's signature

(a parent or guardian if patient is under 16. Please read the declaration overleaf before signing this form.)

Date:

2 To be Completed by Scan Centre

| Scan centre name | <input type="text"/> | | |
|--|-----------------------|-------------------------|--------------------------------|
| Invoice Value | Professional | Technical | Total |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of service | <input type="text"/> | | |
| Name of referring GP/Consultant | <input type="text"/> | | |
| Referral date | <input type="text"/> | | |
| Procedure code | Procedure description | Clinical indicator code | Clinical indicator description |
| <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"/> | <input type="text"/> |
| Brief description of how injury occurred | <input type="text"/> | | |
| Presenting signs and symptoms | <input type="text"/> | | |
| Duration of symptoms | <input type="text"/> | | |
| Scan Report findings | <input type="text"/> | | |
| Radiologist Name | <input type="text"/> | | |
| Scan centre stamp | <input type="text"/> | | |

3 Accident/Injury Section

Date of accident/injury: Day Month Year

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 No

If yes, please provide the name & address of the person, company, or public body responsible.

Please provide the name of the insurance company?

Are you claiming these expenses through a Solicitor (Please place 'X' in the required box) Yes No

Or through a Personal Injuries Assessment Board: (Please place 'X' in the required box) Yes No

Name & address of solicitor (where applicable):

Using this claim form

Claims should be submitted via our Member App or sent to: **Laya healthcare**, PO Box 12679, Dublin 15.

Guidelines to making your claim

- 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
- Claims must be submitted within 12 months of the treatment date on your receipt
- Claims can be sent via our Members App, to do this please take a picture of the front page of this form and submit as per the guidelines on App
- If your scheme has an annual excess, this excess will be applied to your claim. The amount of the excess deducted will depend on your scheme

Important note

For a full list of our direct payment scan centres and to check the scan cover available on your scheme please log in to the “Member Area” in our website, www.layahealthcare.ie or contact us on 1890 700 890 or Cork 021 202 2000.

4 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**.

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

Data Privacy 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

Claims should be submitted via our Members App or sent to **Laya healthcare**, PO Box 12679, Dublin 15

Health insurance provided by Elips Insurance Ltd (Inc. Leichtenstein) trading as **Laya Healthcare**.
Laya Healthcare Ltd trading as **Laya Healthcare** and **Laya Life** is regulated by the Central Bank of Ireland.