

# Pre and Post-Natal Claim Form

## Using this claim form

This claim form has been designed to help you make a claim from laya healthcare for pre and post-natal expenses.

## Submitting your claim

- Claims should be made within 12 months after the delivery of your baby.
- 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 Commissioner 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.

- Please 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.
- Any benefit will be issued to the subscriber/policyholder

## Further information

For benefits and claim queries, please contact us on **021 202 2000** or visit [www.layahealthcare.ie](http://www.layahealthcare.ie).

## Claims should be sent to:

Laya healthcare, PO Box 12679, Dublin 15.

1 Policyholder'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:			
Email:			
Laya Healthcare scheme (Please insert your scheme name here):			

2 Patient details (if any different from above)			
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 Newborn baby details			
Name of your baby:			
Please tick one: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Your baby's date of birth: Day <input type="text"/> <input type="text"/>			
Month <input type="text"/> <input type="text"/>			
Year <input type="text"/> <input type="text"/>			
Your baby will be added to your cover free of charge until your renewal date. No waiting periods will apply if we have been notified within 13 weeks of the baby's date of birth.			



# Pre and Post-Natal benefits payment

For further details on your benefits please refer to your scheme rules and table of benefits.

4 Receipt details					
Treatment type:	Number of receipts:	Total cost of receipts:	Treatment type:	Number of receipts:	Total cost of receipts:
1			6		
2			7		
3			8		
4			9		
5			10		

5 Declaration		
<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. 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.</p>	<p><b>Data Protection Statement</b></p> <p>"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:</p> <ul style="list-style-type: none"> <li>• Insurance administration, e.g. communications, claims processing and payment</li> <li>• 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)</li> <li>• Assistance and advice on medical and travel matters</li> <li>• Management of our business operations and IT infrastructure</li> <li>• Prevention, detection and investigation of crime, e.g. fraud and money laundering</li> <li>• Establishment and defence of legal rights</li> <li>• Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)</li> <li>• Monitoring and recording of telephone calls for quality, training and security purposes</li> </ul>	<ul style="list-style-type: none"> <li>• Audit of medical service providers and the handling of claims by a medical services provider</li> <li>• Marketing, market research and analysis</li> </ul> <p>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 <a href="https://www.layahealthcare.ie/privacypolicy">https://www.layahealthcare.ie/privacypolicy</a> or upon request by writing to Privacy Lead, LayaHealthcare, Eastgate Road, Eastgate Business Park, Little Island, Co Cork, T45 E181 or by emailing <a href="mailto:info@layahealthcare.ie">info@layahealthcare.ie</a></p>
<p><b>Policyholder's signature</b> (a parent or guardian if patient is under 16)</p> <p><input style="width: 100%; height: 20px;" type="text"/></p>		
<p>Date</p> <p><input style="width: 100%; height: 20px;" type="text"/></p>		

6 Your payment details	
<p>To ensure prompt payment of your claim, we can arrange to make payment directly, where possible, into your bank account.</p> <p>If you currently pay your subscriptions by Direct Debit and would like to have your claims paid, where possible, directly to this account please tick the box: <input type="checkbox"/></p> <p>If you have already provided your bank account details for your claims to be paid directly into your account, you do not need to resubmit this information.</p> <p>Alternatively please complete the mandate with your bank account details. If you do not provide these details or if you provide us with incorrect bank details we will pay you by cheque.</p>	<p>Name of account holder(s):</p> <p>_____</p> <p>_____</p> <p>IBAN: <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BIC: <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"/></p> <p>Please write the full name and address of your bank or building society.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Policyholder's signature(s):</b></p> <p>_____</p> <p>_____</p> <p>Date: Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/></p>

I/we will inform laya healthcare if I/we wish to cancel the existing instruction for future claims payment.