



## USING THIS CLAIM FORM

This claim form has been designed to help you make a claim from QUINN-healthcare for pre and post-natal expenses on our HealthManager and CompanyCare range of schemes and our FamilyCare scheme.

## SUBMITTING YOUR CLAIM

- Claims should be made within 12 months after the delivery.
- 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.
- 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.
- We have confirmed with the Revenue Commissioners that the statement of your claims may be used to claim tax relief on expenses that are not paid by us. Simply send this statement to the Revenue Commissioners with a Med 1 form, which is

available on [www.revenue.ie/forms/med1.pdf](http://www.revenue.ie/forms/med1.pdf). There is no longer a need for you to send your original receipts to the Revenue Commissioners to claim tax relief.

- 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.

## 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, Mill Island, Fermoy, 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 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 New born baby details   |  |  |  |  |
|---|--|--|--|--|
| Name of child   |  |  |  |  |
| Please tick one: Male <input type="checkbox"/> Female <input type="checkbox"/>  |  |  |  |  |
| Your child'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 child will be added to your cover free of charge until your renewal date.<br>No waiting periods will apply if we have been notified within 13 weeks of the baby's date of birth. |  |  |  |  |

Your health is your wealth, which is why we look after both

# Pre and Post-Natal benefits payment

## WE WILL PAY IN TOTAL UP TO:

- €200 on HealthManager Starter
- €385 on HealthManager
- €550 on HealthManager Silver
- €750 on HealthManager Gold
- €275 on FamilyCare
- €250 on CompanyCare Starter

- €275 on CompanyCare
  - €385 on CompanyCare Premium
- for charges for the following treatments, provided they are incurred within two months before and three months after the delivery.

These benefits are for your guidance only and are set in accordance with the pre and post-natal 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                                      |                |
| Baby Massage classes by a participating therapist - up to €100                  |                |
| Chiropractic - by a participating therapist                                     |                |
| Chiropractic - by a participating therapist                                     |                |
| Counselling for post-natal depression by a participating therapist              |                |
| Dental examination - maximum of one visit                                       |                |
| G.P fees  |                |
| Homeopathy - by a participating therapist                                       |                |
| Maternity bra - up to €39   |                |
| Midwifery services - provided by a qualified midwife                            |                |
| Nutritionist services - by a member of the Irish Nutrition & Dietetic Institute |                |
| Optical test - maximum of one test (F.A.O.I.)                                   |                |
| Osteopathy - by a participating therapist                                       |                |
| Physiotherapy - by a participating therapist                                    |                |
| Reflexology by a participating therapist - up to 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</b></p> <p>You should show this notice to anyone who may be covered by your insurance policy with QUINN-healthcare.</p> <p>All personal information supplied by you will be treated in confidence by the Quinn Group and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of the Quinn Group or our agents or subcontractors.</p> <p>The information you provide will be used to manage the administration of your policy, including underwriting and claims handling and for money laundering prevention purposes. We may undertake checks against publicly available information such as electoral roll, telephone directory, court judgements, bankruptcy or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer such as Loss Adjusters or Investigators.</p> <p>We may need to collect sensitive data (such as information about health or criminal convictions) relating to you and others named on the insurance policy. Please get consent from the other people named on your policy before sharing their sensitive information with us. By proceeding with this contract you will signify your explicit consent to such information being processed by us or our agents or other insurers for any of the purposes outlined above.</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. Anonymised data may, however, be used by QUINN-healthcare, or disclosed to others, for research or statistical purposes.</p> <p>Access to non-medical information may be granted by QUINN-healthcare to others on a strictly confidential basis in the course of, and for the purpose of, the efficient administration of QUINN-healthcare (for example: in connection with audit, systems development, managing or improving our services).</p> <p>If you have any enquiries about your data, please write to the Information Protection Manager, at QUINN-healthcare, Mill Island, Fermoy, Co Cork.</p> |
| <p>Members signature<br/>(a parent or guardian if patient is under 16)</p>  |  |
| <p>Date</p>   |  |