

APPLICATION FOR MEDICAL SERVICES

CONFIDENTIAL

Doctor and Patient Notified

No. _____

Date _____

For Official Use Only

AN _____

Conf. _____

Ab/Mis _____

Inst _____

Puerp _____

PNP _____

Inf _____

Ex.PA _____

Maternity Pact issued:

Approved _____

Date _____

_____ Eligibility Group

led _____

€ _____

To be completed by applicant
** Name and address in BLOCK LETTERS*

I _____

of _____

in the Health Service Executive, South Western Area region hereby apply to you to:

** (delete if not applicable)*

- (a) accept me for medical and surgical services in respect of motherhood;
- (b) provide medical and surgical services for my infant under and in accordance with the provisions of the Health Act 1970.

I certify that these particulars are, to the best of my knowledge, accurate and complete and that **I have not made arrangements for these services with another medical practitioner or hospital**, and I hereby undertake to pay any charge approved of or directed by the Minister for Health for any services of which I avail myself and to which I am not entitled.

Signature of Applicant _____

Date _____

To Dr _____

NB Knowingly to make any false statement or conceal any material fact in making this application is an offence punishable by a fine of €127 or by three months imprisonment or both.

TO BE COMPLETED BY THE DOCTOR

I undertake to provide medical and surgical services:

** Delete if not applicable*

- (a) for the person named above, who _____ ** intends* _____ to have domiciliary confinement
- (b) for the infant _____ ** does not intend*

in accordance with the conditions laid down in the agreement made between me and the Health Service Executive, South Western Area for the provision of such services.

Date of initial examination _____ Signed _____

To: Health Service Executive
South Western Area
Maternity Service Section
Community Care Area 3
Carnegie Centre
21/25 Lord Edward St. Dublin 2

Address _____

Date _____

PARTICULARS AS TO ENTITLEMENT (to be completed by applicant)

Applicant's occupation _____

Medical Card Number (if applicable) _____

If you or your spouse have a current medical card, you are not required to complete the remainder of this form.

How long are you residing in Ireland? _____ years.

If less than twelve months, state your previous address

WARNING Section 75 of the Health Act 1970 provides that any person who knowingly makes any false statement or conceals any material fact shall be liable on summary conviction to a fine not exceeding €127 or, at the discretion of the Court, to imprisonment for any term not exceeding three months or to both.