

# 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 on our HealthManager, CompanyCare, CareManager and Credit Union range of schemes.

## 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.

## Further information

For benefits and claim queries, please contact us on **1890 700 890** or **021 202 2000** or visit [www.layahealthcare.ie](http://www.layahealthcare.ie).

## Claims should be sent to:

**Laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co Cork.

### 1 Policyholder's details

Membership no:

Title:  Surname:  Forenames:

Date of birth: Day  Month  Year  Telephone:

Correspondence address:

Laya Healthcare scheme (Please insert your scheme name here):

### 2 Patient details (if any different from above)

Title:  Surname:  Forenames:

Date of birth: Day  Month  Year  Telephone:

### 3 Newborn baby details

Name of your baby:

Please tick one: Male  Female

Your baby's date of birth: Day  Month  Year

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

## We will pay in total up to:

- €200 on HealthManager Starter
- €200 on HealthManager First
- €385 on HealthManager
- €550 on HealthManager Silver
- €750 on HealthManager Gold
- €275 on FamilyCare
- €275 on Credit Union Family
- €200 on CompleteCare
- €250 on CompanyCare Starter
- €275 on CompanyCare Choice
- €275 on CompanyCare Plus
- €275 on CompanyCare
- €385 on CompanyCare Premium
- €600 on CompanyCare Gold
- €200 on Essential Care

For charges for the following treatments, provided they are incurred within two months before and three months after the delivery of your baby.

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	
Breastfeeding consultancy up to €30 per visit for maximum 2 visits	
Chiropody - 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

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><b>Members signature</b> (a parent or guardian if patient is under 16)</p>    
<p>Date</p>

**Data Protection Statement**

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 (as amended). We may need to collect sensitive information (such as medical information) 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. In the event that your treatment has involved another person, or if their details are likely to be documented in your Medical Notes/File, then their express consent should be acquired in advance of sharing sensitive data. 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**. However, anonymised data – that is, information which does not identify an individual – may be used by **laya healthcare**, or disclosed to others, for research or statistical purposes. Access to non-medical information may be granted by **laya healthcare** to others on a strictly confidential basis in the course of and for the purpose of the efficient administration of **laya healthcare** (for example in connection with audit, systems development, managing and improving our services). You have a right to apply for a copy of the information held by us about you (for which a small charge, not exceeding €6.35, may apply) and you have a right to have any inaccuracies in your information corrected. Please send your request in writing to the Information Protection Manager, at **laya healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co Cork.

