Anaesthetic Claim Form

Addendum to Claim Form from Admitting Consultant

Laya healthcare
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This form should be completed when you are required to administer anaesthesia when it is not listed in the Schedule of Benefits or when an alternative type of anaesthsia is administered to that listed.

To be completed in full by Anaesthetist

1 Patient details

Membership no: MRN no:

Claim no (If available):

Title:	Surname:	Forenames:

Date of birth: Day Month Year

Address: Telephone:

2 Hospital details

Hospital name:

Date of Admission: Day Month Year Date of Discharge: Day Month Year

3 Anaesthesia administered

☐ General Anaesthetic ☐ Regional Anaesthetic ☐ Monitored Anaesthetic ☐ Other

Procedure Description:

Procedure Code(s) (If known)

Date of Service: Day Month Year

Clinical indications for anaesthetic administered

What anaesthetic drugs were administered and in what dosages?

What form, if any, of airway support was used?

4 Consultant declaration

I hereby declare that the treatment I am claiming for was medically necessary, personally provided by myself and the entire length of stay was due to the medical condition indicated on this form. I confirm that my contract of employment with the HSE/employing authority entitles me to charge for my professional services.

Name of Consultant Anaesthetist:

Laya Healthcare Consultant Code

or Laya Healthcare Group Code

Consultant Anaesthetist signature
(You must sign here)

✘

Date:

Further Information
Laya healthcare must pay benefits for consultant's fees directly to consultants.
For benefit and claims queries contact us on 1890 700 890 or 021 202 2000, or visit www.layahealthcare.ie