

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 **1890 700 890** or **021 202 2000** or visit **www.layahealthcare.ie**.

Claims should be sent to:

Laya healthcare, PO Box 12679, Dublin 15.

1 Policyholder's details

Membership no:

Title: Surname: Forenames:

Date of birth: Day Month Year 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 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

For further details on these benefits and to find out if they are available on your scheme please visit www.layahealthcare.ie

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.

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	
Overall cost	

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.

Policyholder's signature

(a parent or guardian if patient is under 16)

Date

Data Protection Statement

The information you provide will be used to manage the administration of your policy and is held in accordance with data protection law. We may need to collect sensitive information about you and others named on the insurance policy, which is set out in our Privacy Policy (see below). By providing this information you will be agreeing to us or our agents or other insurers processing that information for the purpose outlined above. You can only share a dependent's information with us, with their full permission (unless agreed otherwise with **laya healthcare**). 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. More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at <https://www.layahealthcare.ie/privacypolicy/> or you may request a copy by writing to Ian Brennan, Privacy Lead, Laya Healthcare, Eastgate Road, Eastgate Business Park, Little Island, Co Cork, T45 E181 or by emailing info@layahealthcare.ie

6 Your payment details

To ensure prompt payment of your claim, we can arrange to make payment directly, where possible, into your bank account.

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.

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.

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.

Name of account holder(s):

IBAN:

BIC:

Please write the full name and address of your bank or building society.

Policyholder's signature(s):

Date: Day Month Year

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