

# 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.