

### IMPORTANT NOTES

- Claims for specialist consultation and any diagnostic procedures must be on the initial recommendation of your General Practitioner, except for consultations/treatment given by gynaecologists, paediatricians or ophthalmologists
- You must always contact Middlesea Insurance p.l.c. before receiving any in-patient treatment, C.T./M.R.I. scan, to enable us to confirm eligibility and extent of cover
- In an emergency situation you may contact us on 8007 2278
- Claims, together with original receipts, to be submitted within 3 months of initial date of treatment

### 1. INSURED/PATIENT'S DETAILS

Title	Name and Surname of policyholder	I.D. card no.
Title	Name and Surname of patient	I.D. card no.
Date of birth of policyholder	Date of birth of patient	
Address		
Tel/Mob. no.	E-mail address	
Policy no.	Group/Company name (if applicable)	

### 2. TO BE COMPLETED BY THE PATIENT/LEGAL GUARDIAN

Reason for seeking medical advice		
Date of patient's first visit to any doctor for this condition		
Did treatment require in-patient treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is "YES" please advise	Admission date	Discharge date
Attach hospital certificate/s (if applicable)		
Are any of the costs recoverable from a third party?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", give details.		

### 3. TO BE COMPLETED BY A REGISTERED MEDICAL OR DENTAL PRACTITIONER

Patient's name		
Details of the medical condition/symptoms		
Diagnosis	Date of first consultation with the GP for this medical condition	
Treatment given	Treatment recommended	
Does the patient require further treatment from a specialist?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of General Practitioner	Date	

#### 4. TO BE COMPLETED BY A SPECIALIST

Patient's name	
Details of the patient's complaints/symptoms	
Diagnosis	
Treatment given	Treatment recommended
Specialist's signature	Date

#### 5. PAYMENT DETAILS

Payment will be made in the name of the policyholder. We reserve the right to send any payment to an appropriate person, for example, the executors of the will of someone who has died or the dependant on your policy who has paid the bill.

Payment may be made by electronic transfer when bank account details are provided. This payment method and banking of cheques may result in charges by your bank, which are your responsibility. Should you wish payment to be made by direct credit please provide us with your complete bank details below:

Account holder's name
Bank name
Bank address
Account number
Sort code

#### 6. DECLARATION

I authorise Middlesea Insurance p.l.c. to share information with others (including insurers and Insurance Associations) in order to prevent fraudulent claims. I declare that all the answers given and the statements made are true and correct. Furthermore I declare that I have not withheld any information relevant to the claim. I give explicit and unequivocal consent to Middlesea Insurance p.l.c. to seek any information from any doctor, surgeon, hospital, clinic, laboratory or persons that have records or knowledge of my health in order for the validity of the claims to be established.

I hereby authorise any doctor, surgeon, hospital, clinic, laboratory or persons that have records to provide full medical information concerning myself and my dependants.

I give consent to Middlesea Insurance p.l.c. to process my personal data supplied by myself or any person, body or entity in order to process, handle and settle the claim.

Patient's signature <small>(If the patient is under 18 years of age, then the legal guardian must sign)</small>	Date
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#### 7. DATA PROTECTION

Middlesea Insurance p.l.c is legally bound to follow the provisions of the Data Protection Act, 2001. Middlesea Insurance p.l.c. is registered with the Office of the Commissioner for Data Protection to process data in accordance with this Act. The Data Protection Policy of Middlesea Insurance p.l.c. is compliant with this Act a copy of which is available on request.