

ESB Staff Medical Provident Fund
P.O. Box 384, Rosbrien, Limerick
Tel: 061-43 0561 061-43 0472 061-43 0523
Email: mpf@esb.ie



(OFFICE USE ONLY)

MAKING A CLAIM

In order to create a valid claim, please ensure all questions listed are answered, signatures inserted as required and all invoices (original copies only) are attached

Sections 1 to 3 should be completed by the member

Section 4 and 5 should be completed by the Hospital

Sections 6 to 8 should be completed by the Attending Consultant

SECTION 1 Membership Details (Member/Guardian must complete and sign)

1.1 Staff Number:
(To be used as MPF Policy No)

1.2 Patient Name:

1.3 Date of Birth: 1.4 Telephone No:

1.5 Address

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SECTION 2 Injury Section (For completion if applicable)

Did this hospital admission arise as a result of the following:

2.1 Road Traffic Accident Yes No 2.2 Occupational Injury Yes No

2.3 Third Party Injury Yes No 2.4 Sporting Injury Yes No

Are you pursuing a claim for costs against another party?

This question must be answered before the claim can be assessed. If the answer is yes or unsure, an indemnity form must be completed and signed before the claim will be cleared for payment. This form is available from the MPF office.

SECTION 3 Request for Private Care (to be completed by Patient/Guardian)

3.1 Did you elect to be treated as a private patient?

3.2 Please advise date that you opted to be treated as private patient

3.3 Did you request a Private or Semi Private Room?

In electing for private care, I authorise the consultant/hospital concerned to supply all necessary information to MPF including, if requested, copies of my hospital/medical records. I also authorise MPF to pay the appropriate benefits for services provided to the hospital and consultants concerned. Charges which are not eligible for benefit will remain my responsibility to settle directly with the hospital or consultant. I declare that the information completed above at the time of signing this declaration is true in every respect.

Name: (Block Capitals Please) Date:

Member signature

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