

# Private Insurance Patient Form (FINAL VERSION)

**FOR OFFICE USE ONLY**

Patient Name: \_\_\_\_\_ MRN \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

As a result of changes introduced under the health Amendment Act 2013 regarding billing by public hospitals, you are requested to complete this form

By completing this form you are agreeing to receive treatment as a private patient and authorising the hospital to bill your health insurer for hospital accommodation and medical costs that are eligible for benefit in accordance with your \*contract of insurance. The information you provide in this form will be used to verify your insurance claim and we ask you to take time to ensure that all questions are completed correctly and in full.

The following daily hospital charges apply for (**Hospital Name**): Temple Street Hospital

- Private/Single Occupancy Room: €1,000
- Semi Private/Multi Occupancy Room: €813
- Day Care: €407

**Consultant Fees** are additional to the accommodation charges set out above.

**\* Please be aware that if you are subject to any waiting periods/pre-existing conditions or if you do not have sufficient insurance cover you will be liable for the full cost of your hospital stay (as per the charges noted above) and treatment by a private consultant.**

**To be completed on Admission to Hospital**

Date of Admission: Day    Month    Year

I \_\_\_\_\_ (Please insert your name) of \_\_\_\_\_ (Insert address)

agree that I am waiving my entitlement to be treated as a public patient and that I wish to avail of my private health insurance cover and be treated by a private consultant for this admission

I understand and agree that by signing this form I am authorising the hospital to bill my health insurer for charges specified by legislation and eligible for benefit in accordance with my contract of insurance. I understand that where my insurer does not cover any or part of the charges, I will be invoiced and liable for this amount.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I confirm I have requested to be treated by a private consultant during my stay in hospital. I also understand that if I am admitted under a public only consultant (e.g. Category A Consultant) I cannot be placed in Private or Semi Private Accommodation as this admission is not eligible for benefit in accordance with my contract of insurance.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I accept that in the interest of patient care the hospital may need to transfer patients to different beds, wards and hospitals and accordingly, I may be required to transfer during my stay. I understand and agree that although I have chosen to be treated privately, I may still be accommodated in a designated public bed/ward and that my insurer will be billed a daily rate payable in accordance with my contract of insurance.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: _____	Date: _____
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Thank you for completing this form. It will be sent to your health insurance provider for assessment with your claim.

180 Day Rule: Please be advised that most insurance companies will only cover a maximum of 180 days inpatient care for any patient in any calendar year. Please contact your insurance company directly for clarification.