

Section A should be completed and signed by the patient. Section B should be completed by the Doctor and Pharmacist. The form should then be sent to your HSE Local Health Office.

SECTION A: *To be completed by the patient:*

First Name:

Surname:

Address:

Medical Card No:

Expiry Date: /
month year

PPSN:

Personal Public Service Number (available from your Tax Cert, P60, P45, payslip or Social Welfare book)

DATA PROTECTION NOTICE:

- The information on this form will be used by the Health Services Executive (HSE) to assess the suitability of the items listed below, to be provided free of charge to the person named on the form.
- Details of prescription items dispensed to the named person may be notified to the HSE by the dispensing Pharmacist to ensure that the named person receives the items required free of charge.
- The named person may access information relating to themselves only, on prescription claims processed in their name by the HSE.

I wish to apply for the cost of the drugs below to be paid for by the HSE,

Signature:

Date: / /
Day month Year

SECTION B: *To be completed by the Doctor and priced by the Pharmacist:*

I hereby certify thatis under my care for the treatment of
..... and requires the following item/s which are not on the List of GMS Reimbursable Items:

	Item Required	Weekly / Monthly Quantity as per Rx	Weekly / Monthly Ingredient Cost
1.			
2.			
3.			
4.			

DOCTOR'S STAMP

PHARMACY STAMP

Doctor's Signature.....

Pharmacist's Signature

For Office Use Only:

Approved/Refused:Date:...../...../..... Expiry of approval...../...../.....

SUBMITTING CLAIMS FOR ITEMS DISPENSED UNDER THE DISCRETIONARY HARDSHIP ARRANGEMENTS FOR MEDICAL CARD CLIENTS

- Only the enclosed Hardship Claim Form (HD2) should be used for submitting claims from June 1st 2010.
- Claims which have not been submitted as set out below will be returned to the Community Pharmacy and will not be accepted for reimbursement.
 - Pharmacy Name, Address and Pharmacy Number
 - Patient Forename, Surname
 - Medical Card Number, Patient Code Letter
 - Product Description
 - Quantity dispensed
 - Date Dispensed
 - Ingredient Cost
 - Dispensing Fee
 - VAT Rate
 - VAT Amount
 - Total
- Only one product should be claimed per line.
- Where an Exempt Medicinal Product (Unlicensed Medicine) has been dispensed that cannot be electronically claimed directly from the Primary Care Reimbursement Service (PCRS) (Ref Circular 009/10), a copy of the invoice must be submitted to the Local Health Office.
- Claims should be submitted to the Local Health Office by the 3rd of the month where they will be processed for subsequent payment by the PCRS.
- The claim form(s) HD2 should be completed on a monthly basis. Where more than one month is being submitted, they must be submitted on a separate form.
- The fee should be stated as €5.00 unless an extemporaneous fee applies. Adjustments to the fees paid in line with the current schedule of fees (S.I. No. 246 of 2009) will be made as appropriate by the PCRS.
- The VAT rate where it applies should be provided and the VAT amount inserted.
- The claiming declaration at the bottom of the form must be completed by the Pharmacist claiming.