

## Contribution to a 4D Scan with Ultrasound Dimensions from Irish Life Health

To make sure that you receive the benefits at the agreed amount under your Irish Life Health insurance policy, all you need to do is complete Part 1 and sign Part 3 of the claim form and send it, along with a copy of your receipt, directly to Irish Life Health.

### PART 1 This is to be completed by the Member and/or the Policyholder.

Member's name:

Member's address:

Membership number (this can be found on your membership card and certificate):

Daytime contact number or mobile of member:

Member's date of birth (dd-mm-yy):

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E-mail contact of member:

### PART 2 This part is to be completed in full by Ultrasound Dimensions.

Date of initial visit to Ultrasound Dimensions (dd-mm-yy):

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Ultrasound Dimensions stamp:

Signature of Ultrasound Dimensions Sonographer:

23001  Ultrasound Dimensions 4D Scan

Please attach invoice with relevant procedure code

### PART 3

#### Consent

I declare that at the time I underwent a 4D Scan I was a party to a health insurance contract and was entitled to treatment under my Irish Life Health plan. I declare that to the best of my knowledge, the information provided in Part 1 of this form is accurate, true and complete. I authorise Ultrasound Dimensions to furnish Irish Life Health dac, or any authorised agent it may appoint to act on its behalf, with any information requested, including access to my medical records, where this is necessary in relation to this claim regarding treatment or services received by me or my named dependants in respect of this claim. I understand that only medical information relating to my claim will be requested by Irish Life Health. I verify the details of the accounts submitted on my behalf by Ultrasound Dimensions are an accurate reflection of the treatment I received. Charges not covered under the Irish Life Health plan to which I subscribe will remain my responsibility or that of the named dependant who received the treatment to settle directly with Ultrasound Dimensions.

#### Declaration

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Irish Life Health Privacy Notice which can be found at <http://www.irishlifehealth.ie/privacy-and-legal/privacy-statement/>

Your signature:

Date: