

MEDICAL CARD REVIEW



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Private and Confidential

<Name>

<Address>

<Address>

<Address>

<Date>

Re: Medical Card Review for Card Number 0123456A

Dear <Salutation>,

The Medical Card / GP Visit Card you hold is due for review.

Have your circumstances changed since you applied or had your last Medical Card Review?

No

Simply check the personal details on the attached form, read the Declaration and Consent, sign it and send it back to us **before <Date>**. We will do the rest.

Yes

If your circumstances have changed to the extent that you may no longer be entitled to a medical card (details of the income thresholds are shown on the back of the attached declaration form) and you wish to apply to find out if you are still entitled or not, you should complete a review form. Review forms are available online at www.hse.ie or ring us at 1890 252919. **You will need to return the completed review form to us by <Date> to make sure that your application can be processed before your current eligibility expires.**

We make every effort to ensure that our medical card register is as accurate as possible. If it is the case that the details in this letter are incorrect, we hope that it does not cause any upset or distress. We would also be very grateful if you would let us know so that we can update our records.

If you have any questions or need assistance please contact your Local Health Office, or contact us at Lo Call 1890 252919.

Yours sincerely

Carmel Burke
Client Registration Unit
Primary Care Reimbursement Service

DECLARATION



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

OVER 70'S MEDICAL CARD REVIEW

Your Details: **Any Changes or Corrections? Just write the details on the back of this form.**

You: <Medical Card No.>

Name: <Name>
Address: <Address>
Date of Birth: <DOB>
PPSN: <PPSN>

Your Spouse and/or Dependant/s:

Name	Date of Birth	PPSN
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Declaration and Consent:

I hereby apply for a Medical Card / GP Visit Card for myself and my dependents above. I have read the Declaration and Consent notes below and I declare that the information provided by me is to the best of my knowledge and belief correct. I agree to immediately report to the HSE any changes that may effect my eligibility for health services and that of my dependents.

Signature: _____

Name (Block Capitals): _____ Date: _____

Daytime Telephone Number: _____

Declaration:

I declare that:

- (1) The details above are correct.
- (2) My circumstances have not changed since my application / last review and I confirm that I am still eligible to hold a Medical Card / GP Visit Card.
- (3) I understand that the HSE may seek documentary evidence of my / our income in connection with this declaration.

Consent:

(1) To process your review the HSE may seek access to Social Welfare and Revenue financial details relevant to this review. Your signature above shows that you consent to this access.

(2) A person who knowingly makes a false statement, fails to disclose any material fact or produces a false document as part of the review is liable to a fine and / or imprisonment under Section 75 of the Health Act 1970 as amended by the Health (Amendment) Act 2005.

(3) A person who fails to notify the Health Service Executive of any change in circumstances that would effect their eligibility for a Medical Card / GP Visit Card is liable to a fine under Section 49 of the Health Act 1970 as amended by the Health (Amendment) Act 2005, and may result in delay or suspension of their card.

**Please return this completed Declaration to:
Client Registration Unit, PO Box 11745, Finglas,
Dublin 11.**



CHANGE/CORRECT YOUR PERSONAL DETAILS

Please provide details of any Changes or Corrections to the Personal Details printed overleaf

INCOME THRESHOLDS

OVER 70'S INCOME THRESHOLDS

From 1st January 2009 everyone aged 70 and over is entitled to a Medical Card if their weekly gross income is below €700 for a single person and €1,400 for a couple.

Gross income is any income you receive, e.g.:

- In the form of a pension (social welfare, occupational or private).
- Employment - fulltime/part time, self employment, directorships.
- Through investments or *savings **rental income on properties.

In essence, gross income is income before tax or other deduction.

Self employed? The assessable income is determined as the average weekly Gross Income including trade capital allowances.

** Rental income? This is the rent received, less necessary expenditure associated with the rental of a property.

* Savings or similar investments? The first €36,000 for a single person and €72,000 for a couple are disregarded. The remainder of savings or similar investments will be assessed on the income calculated at the actual or a notional interest rate:

E.G. if you are single and you have €50,000 earning 3% interest, the income is counted as 3% of €14,000 (€50,000 less €36,000), €420 a year or €8.05 a week.

Full details and comprehensive Frequently Asked Questions are available online at www.hse.ie or from your Local Health Office.