



# Notice of Participation Form

HSE REF NO

Extension of Doctor Only Visit Card (DVC) Eligibility to Individuals and Families Who Qualify Under the Median Income Provisions and Child Patients Aged between 6-7 Years (inclusive)

I Dr .....GMS Number.....

as a Registered Medical Practitioner who currently holds a GP Visit Card Form of Agreement and an Under 6 Contract with the Health Service Executive, hereby confirm my participation in the provision of GMS services in accordance with the terms of the GP Agreement of 2023 and the aforementioned Forms of Agreement as varied in accordance with the provisions of Clauses 41(i) and 21 (respectively) thereof.

I further undertake to notify the HSE of any changes or proposed changes in respect of any information provided in this Notice of Participation form.

Signed by the Registered Medical Practitioner:
Printed Name:
Date:

Registered Practitioner Stamp

### Registered Medical Practitioner Details:

Table with 8 rows and 2 columns. Row 1: Registered Medical Practitioner's Full Name (as it appears on the Irish Medical Council Register). Row 2: Practice Premises Address. Row 3: Irish Medical Council Number (6 boxes). Row 4: Practice Eircode (7 boxes). Row 5: GMS /PCERS assigned Number (5 boxes). Row 6: Practice Telephone Number. Row 7: Healthmail Email. Row 8: Practice Email Address.