

<Dr. Name>  
<Address>  
<Address>  
<Address>

<Panel Number>

9 January 2009

Circ: 001/09

Dear Doctor,

I refer to the Health Act 2008, dealing with medical cards for persons aged 70 years and over, which came into effect on 1<sup>st</sup> January 2009.

As you may know the Government established a new capitation fee rate to be paid to General Practitioners in respect of these persons.

The Capitation Rate payable to you, in respect of all persons, on your panel list, aged 70 years and over with effect from 1<sup>st</sup> January 2009, is €308.76. The rate in respect of persons in Private Nursing Homes, with effect from 1<sup>st</sup> January 2009, is €974.

In the interest of transparency and accountability, you will be required on an annual basis to confirm that services are being provided to eligible persons. I enclose a Panel Listing, for completion in respect of patients on your panel aged 70 years and over.

Please complete and return this panel listing, to reach the HSE (PCRS) by the 2<sup>nd</sup> March 2009.

Persons named on your panel listing who are **not** now seeking or being provided with services under the Medical Card Scheme should be highlighted along with an appropriate comment, and included with the returned listing.

Dependants for whom you are providing services to under the Medical Card Scheme who do not appear on your panel listing should also be listed, along with any relevant patient identifier and an appropriate comment, on the relevant page (continue on another similarly headed page, if necessary) and attached to the returned listing.

Yours faithfully



Patrick Burke  
Assistant National Director  
Primary Care Reimbursement Service

**Return to:  
Health Service Executive,  
Primary Care Reimbursement Service,  
Exit 5 – M50, North Road, Finglas, Dublin 11**

<Dr. Name>  
<Address>  
<Address>  
<Address>

<Panel Number>

**Panel Listing**

I confirm, to the best of my knowledge, that on the 1<sup>st</sup> Day of January 2009, I am providing services in accordance with the terms of my agreement with the Health Service Executive (HSE) to the eligible persons aged 70 years and over who have been notified to me by the HSE as being on my panel, subject to any amendments that I have made to the attached panel listing.

Name:.....  
(Block Capitals)

Signed: .....

Date: .....