



Circular 034/19

18th September 2019

Re: Maternity and Infant Care Scheme

Dear Doctor,

I refer to GP circular 022-19 – Maternity and Infant Care Scheme.

From 1st October 2019 Doctors who have not opted for on-line registration and claiming should submit all new registrations for manual processing to Primary Care Eligibility & Reimbursement Service (PCERS), J5 Plaza North Road, Finglas, Dublin 11, D11 PXT0. Manual claimants should submit their forms to PCERS after a patient has attended for their 6 week post-natal visit. In tandem with existing arrangements payments will issue once the full course of service has been provided to the client.

Doctors who wish to receive payment faster should consider claiming online via GP Application Suite. The benefits associated with online claiming are:

- Earlier Access to Payments with online claim submission
- Reliable Service
- The online facility eliminates rejections and reduces the need to query payments
- Access to dedicated claims support team
- Access to comprehensive reports detailing claims processed for payment
- Faster search and retrieval data access
- Online ordering of pregnancy kits
- Centralised processing and reimbursement

Further information, including User Guide and FAQs, is available on the GP Suite under 'Information' tab.

Those interested in transitioning to online claiming should complete and return the attached form and email to pcrs.maternityandinfant@hse.ie. To participate practices will need to:

- a) Hold a Maternity and Infant Care Scheme contract
- b) Have access to broadband and have registered for the GP Application Suite

If you do not have access to GP Application Suite, please email cert.info@hse.ie or contact our support team on 01-8648600.

Yours sincerely,

Shaun Flanagan
Primary Care Reimbursement & Eligibility.

Maternity and Infant Care Scheme Online Submission

I wish to submit my registrations and claims under the Maternity and Infant Care Scheme online.	GMS Number <table border="1" data-bbox="1058 618 1398 692"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>								
General Practitioner Signature & Date: _____ <table border="1" data-bbox="1011 1050 1473 1106"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
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General Practitioner Stamp:									

If you are interested in registering to submit your claims online please complete this form and email to pcrs.maternityandinfant@hse.ie.