



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Seirbhísí Comhroinnte Náisiúnta
Seirbhís Aisioca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Guthán: (01) 864 7100
Facs: (01) 834 3589

Finance Shared Services
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Ph: (01) 864 7100
Fax: (01) 834 3589

Circular Number 001/08

12th February 2008

Dear Doctor,

Re: Methadone Treatment Scheme

I am pleased to inform you that we have updated our Claims & Payments system to capture claims submitted under the Methadone Treatment Scheme. From March 2008 you will receive a payment listing each month, which will include a detailed breakdown of all claims paid.

In order to facilitate the processing and payment of claims, the following information should be entered clearly onto the Methadone Treatment General Practitioners Consultation Claim form:

1. The Doctor's GMS number should be entered in the space provided for 'Doctor Reg No'.
2. The patient's Methadone Treatment Card Number should be entered into the space provided for 'Treatment Card Number'. The Treatment Card Number is preceded by the letter's PH, example PH12345
3. The Doctor's name and address should be completed in full in the space provided for 'Doctor's Name and Address'
4. The full name and address of the patient should be clearly and legibly entered into the space provided for 'Name and Address of 'Authorised Person'.
5. The month in which payment is being claimed should be entered into the space provided for under 'Declaration By Doctor' area. It is important to note that the Methadone Treatment Scheme is based on a monthly patient-care fee per patient, regardless of the number of claims for the patient during the relevant month.
6. The month in which the patient has received treatment should be entered in the space provided for under the 'Declaration By Authorised Person / Representative' area.
7. The claiming Doctor should sign in the space provided for 'Signature of Claiming Doctor'.

8. The patient should sign in the space provided for under 'Declaration By Authorised Person / Representative'. Please note that both the Doctor and Patient's signature are mandatory.

Any claims not completed correctly will automatically reject for payment. These claims will be reported on your Reclaim Listing, which form part of the monthly detailed payment listing issued to you by the PCRS. The reason for the rejection will be given and where applicable, you will be asked to insert additional/corrected information on the listing and return it to the PCRS for processing.

Each batch of Methadone claims should be submitted so as to reach not later than the 10th of the following month:

Health Service Executive,
P.O. Box 6422,
Exit 5, M50,
North Road,
Finglas,
Dublin 11.

Please ensure that you include your GMS Doctor Number and your Name and Address on the Summary Form that accompanies your claims each month. Further supplies are available from our Registry Unit at the Primary Care Reimbursement Service. Should you have any queries in respect of claims submitted for payment please contact Doctors Unit or address your correspondence to the Unit Head, Doctors Unit.

Yours faithfully,



PATRICK BURKE
Assistant National Director
Finance Shared Services - PCRS