

## Primary Care Reimbursement Service Security Certificate Requisition Form Primary Care Contractor (PCC) v1.5

## **Information and Data Protection Notice**

Signature:

- 1. A security certificate is required to authenticate your electronic communications with PCRS, e.g. electronic claim submissions.
- 2. Security certificates can issue on the basis of provisional contract numbers. Full contract setup is required for reimbursement.
- 3. The latest version of this form is always available on online services section at <a href="www.pcrs.ie">www.pcrs.ie</a>. Please check the version number at the top right of this document. Requisitions must be made on the latest version of the form.
- 4. Please use BLOCK CAPITALS and complete all sections. *Mobile Number is mandatory*. Forms which cannot be processed will be returned to sender by post.
- 5. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

| Part 1: Requisition Type   |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
|--|-------|------------|-------------|-------------|------------|--------------|-------------|---------------|-------------|-------------|---------------|--------------|--------------|-------|-------------|----------|--------------|------------|-----------|-------------|-----|-----------|------|-----------|-------------|------------|---------------|-----------|------------|------------|-----------|---------------|
| <b>Additional:</b> In cases where a first or second etc. computer is to be configured to communicate with PCRS. <b>Replacement:</b> In cases where the PCC had a certificate for which a replacement is now required. <b>Standard:</b> Secure codes will be dispatched by post within 5 working days from receipt. Requisitions must be received at PCRS by the <u>15<sup>th</sup> of each month</u> . <b>Emergency:</b> Secure codes will be issued by email directly to a PCC and only if the requisition can be verified. If an email address is not available, an emergency requisition will not be processed. |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Please Insert "Additional" or "Replacement"  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Please Insert "Standard" or "Emergency"  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| If emergency, state the reason. This will be reviewed and the requisition processed as an <b>emergency only in certain cases</b> . Late applications are not treated as emergencies.   |       |            |             |             |            |              |             |               |             |             |               |              |              |       | ate.        |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Part 2: Applicant's Details  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| PCC Number:  |       |            |             |             |            |              |             |               |             |             |               |              | PC           | C Sta | amı         | р        |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Trading Name:  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| First Name:  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Surname:   |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Phone Number:  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Mobile Number:   |       |            |             |             |            |              |             |               |             |             |               |              | PC           | C Ac  | ldre        | es       | s:           |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Fax Number:  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| IDC Number:  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| VAT Number:  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| E-mail Address:  |       |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Please note that the details above are mandatory and are used to verify the requisition from a security perspective. The Irish Dental Council number of the PCC is required.   |       |            |             |             |            |              |             |               |             |             |               |              |              | ntal  |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Part 3: Declaratio   | n     |            |             |             |            |              |             |               |             |             |               |              |              |       |             |          |              |            |           |             |     |           |      |           |             |            |               |           |            |            |           |               |
| Isystem to communicate w infrastructure (e.g. personn replaced. I have appropriate infrastructure.   | el ac | he<br>cess | PCR<br>to a | S. I<br>and | ens<br>use | ure<br>of it | tha<br>). I | t all<br>ensu | app<br>re t | orop<br>hat | riate<br>secu | e ph<br>re a | ysic<br>rran | geme  | urit<br>nts | y<br>are | arra<br>e ma | ing<br>ade | eme<br>to | ents<br>des | are | e i<br>⁄o | n pl | lac<br>om | e ro<br>put | ega<br>ter | ardii<br>infr | ng<br>ast | my<br>ruct | cor<br>ure | npı<br>as | uter<br>it is |

Please scan and email the completed, signed and stamped form to <a href="cert.info@hse.ie">cert.info@hse.ie</a>. Alternatively, post the form to; IT Operations, Primary Care Reimbursement Service, Exit 5 M50 North Road Finglas, Dublin 11. Faxed forms not accepted.

Dated: