

# Medical Card and GP Visit Card Application Form

Form MC1

**Medical Cards** allow people free access to a Family Doctor, prescribed approved medicine and a range of other health services. **GP Visit Cards** allow people to visit a Family Doctor free of charge.

**Please read these information pages carefully before filling in the application form.**

You can then detach this page and return the application form to your Local Health Office. If you need help to complete your application, please call or visit your Local Health Office or Health Centre, or contact the HSE infoline on 1850 24 1850.

## Who can apply for a Medical Card or GP Visit Card?

Anyone who is ordinarily resident in Ireland can apply for a Medical Card or GP Visit Card - families, single people, even those working full-time or part-time. Ordinarily resident means that you have been living here for at least one year or you intend to live here for at least one year.

## Who should fill in this form?

This form should be used by people applying for either a Medical Card or GP Visit Card, including persons aged 70 and over. The Health Service Executive (HSE) will assess you for **both** cards at the same time, so there is no need to specify which card you are applying for.

## The form has lots of sections – do I need to fill in all of them?

The application form is divided into 7 sections, all of which are colour coded. You should fill in all the sections that apply to you.

Part 1 Applicant's details

Part 2 Details of your spouse/partner and any dependants

Part 3 Details of income

Part 4 Details of outgoings and expenses

Part 5 Details of the Doctor you have selected

Part 6 Declaration and Consent

Part 7 Doctors Acceptance (To be completed by Doctor)

## How do I qualify for a Medical Card or GP Visit Card?

First, the HSE will test your means or income. We consider your income **after** tax and PRSI is deducted. We also take account of rent, mortgage, childcare and travel to work costs. If you have personal circumstances like chronic illness or certain financial pressures, the HSE may grant Medical Cards or GP Visit Cards even if you are over the financial limits.

## What do I need to include with my application form?

To support your application, you must provide the HSE with documentary evidence of the information you provide on:

- PPS Number (e.g. tax cert, P60, P45, payslip, social welfare book)
- Total Household Income (e.g. payslip, social welfare book, notice of tax assessment)
- Outgoings (e.g. rent book, mortgage or bank statement, maintenance payments, travel to work costs (include proof of car ownership, if appropriate), receipts for childcare costs)
- Commencement and expected completion dates of 'Back to Employment / Education' Schemes
- If you are claiming under E.U. Regulations, please enclose the relevant E Form from the other European State.

**PLEASE TURN OVER**

### **If I get a Medical or GP Visit Card, does it cover my family too?**

If your family means are within the income guidelines, the Card granted to you will cover you, your partner/spouse and dependants under 16 years. Your children or dependants aged 16-25 years **and** who are financially dependent on you will also be granted a Medical Card. They must fill out their own application form, like this one, but do not need to complete Parts 2, 3 or 4. They only need to complete Sections 1A, 1B, 5, 6 and 7, and will be given their own card.

### **I have moved house, do I need to apply for a new card?**

If you move house, you do not need to re-apply for a new Medical Card. You should make contact with your Local Health Office where your records will be updated and you will be advised of the GPs practising in your new area of residence.

### **Does my Doctor have to sign the form?**

A Family Doctor or GP must sign Part 7 of this form, agreeing to provide medical services to you and your dependants. Contact your selected GP's surgery and ask the doctor to sign your application form. A list of GPs is available from your Local Health Office.

### **I have filled in the form, what next?**

When the form has been fully completed, read and sign Part 6 and look over the final Checklist. Completed forms should be sent to your Local Health Office or Health Centre. A list of Local Health Offices is provided on [www.hse.ie](http://www.hse.ie) or from the HSE infoline on 1850 24 1850.

Applications in respect of person aged 70 and over should be sent to : HSE Primary Care Reimbursement Service, Exit 5, M50, North Rd, Finglas, Dublin 11.

### **How can I make sure my application is dealt with quickly?**

To avoid delay in your application, please check you have filled in all the parts of the form that apply to you, and that you have included all the documents requested. The HSE will contact you if any further information is required.

**NOTE:** If you are granted a GP Visit Card or deemed to be ineligible for a Medical/GP Visit Card, you should also have a Drugs Payment Scheme (DPS) Card to ensure you only have to pay up to a monthly limit for prescribed approved medication. Further information on the Drugs Payment Scheme is available in the HSE publication "*Your **Guideto***" available on [www.hse.ie](http://www.hse.ie) or from your Local Health Office.

**Part 1A – Applicant’s Details – Please use BLOCK CAPITALS**

Surname:																		Are you ordinarily resident in Ireland? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name(s):																		Address:
Date of Birth:			D	D	M	M	Y	Y	Y	Y								
Daytime Phone:	0																	
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>														
PPS Number:																		Town:
E-mail address:																		County:
Birth surname: : (if different from above)																		Mother’s birth surname:

Do you live alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If ‘No’, who do you live with?
--------------------	------------------------------	-----------------------------	--------------------------------

Are you:					
Married <input type="checkbox"/>	Cohabiting <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>

Do you hold or have you ever held a Medical Card / GP Visit Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If ‘Yes’, which Medical Card office issued the card?		
Card Number:		

**Part 1B –** To be completed by people aged 16-25 years who are financially dependent on their parents – ignore Parts 2, 3 and 4, only complete Parts 1A, 1B, 5, 6 and 7 of this application form.

Do your parents hold a Medical Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your parents hold a GP Visit Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If ‘Yes’, which Medical Card office issued the card?		
Card Number:		

If ‘No’, please contact your Local Health Office for advice on how to apply. If you are aged 16-25 years and financially dependent on your parents, their income will determine your eligibility for a Medical Card or GP Visit Card.

Name of school / college:		School / college stamp
Expected completion date of course:		

## Part 2 – Details of your spouse / partner and any dependants

	First Name(s)	Surname	Date of Birth						PPS Number	Gender	Relationship To you	Does this person have their own income and / or an Educational Maintenance Grant (please specify)
Spouse / Partner			D	D	M	M	Y	Y	Y		M/F	
			D	D	M	M	Y	Y	Y		M/F	
Dependants under 16 years			D	D	M	M	Y	Y	Y		M/F	
			D	D	M	M	Y	Y	Y		M/F	
			D	D	M	M	Y	Y	Y		M/F	
			D	D	M	M	Y	Y	Y		M/F	
			D	D	M	M	Y	Y	Y		M/F	
Dependants over 16 years			D	D	M	M	Y	Y	Y		M/F	
			D	D	M	M	Y	Y	Y		M/F	
			D	D	M	M	Y	Y	Y		M/F	
			D	D	M	M	Y	Y	Y		M/F	
Your spouse's/partner's birth surname									Your spouse's/partner's mother's birth surname			

## Part 3 – Details of income

**Please attach documentary evidence of all income** – Examples are given on page 1  
Income should be given **PER WEEK** and **AFTER** tax and PRSI have been deducted

**A.** What is your **weekly** income and that of your spouse / partner from all sources?

Source	Applicant Amount	Type of Payment	Spouse / Partner Amount	Type of Payment
Social Welfare Payments / Pensions	€ .		€ .	
Social Security Payments from an EU state	€ .	Issued from which EU State:	€ .	Issued from which EU State:
Wages (after Tax and PRSI)	€ .		€ .	
Self Employment	€ .		€ .	
Other (eg. maintenance, private pension)	€ .		€ .	

**B.** Back to Employment / Education Schemes e.g. Community Employment Scheme

	Scheme Type	Date Started								Expected Finish Date							
Applicant		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
Spouse / Partner		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y

**C.** Have you or your spouse / partner investments in stocks, shares or deposits with Banks / Building Societies or other Financial Institutions?

Yes  No

If 'Yes', please provide details and evidence of investments.

Amount(s) invested €	Where Invested

**D.** Do you or your spouse / partner own any property (including land not personally used) other than the house you occupy?

Yes  No

If 'Yes', please provide details and the annual income received from the property.

--

## Part 4 – Details of outgoings and expenses

• Please attach documentary evidence of all outgoings and expenses – Examples are given on page 1

<b>A. Housing</b>	Amount	Frequency	Payable to	
Rent / Mortgage	€ .	Weekly / Monthly		
Home Improvement Loans	€ .	Weekly / Monthly		
Mortgage Protection	€ .	Weekly / Monthly		
House Insurance	€ .	Weekly / Monthly		
<b>B. Childcare</b>	Weekly Amount	Name & Address of Crèche / Child Minder		
	€ .			
<b>C. Travel to Work Costs</b>	Location of Employment	Transport Used	Total Weekly Km	If Public or Shared transport: Weekly Cost
Applicant				€ .
		<b>If car, are you the registered owner?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Spouse / Partner				€ .
		<b>If car, are you the registered owner?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you own a car, please include a copy of the Vehicle Registration Certificate with your application.				
<b>D. Maintenance payments to another person</b>	Weekly Amount	Name & Address to whom payments are made		
	€ .			
<b>E. If your income is above the income guidelines, you may still be granted a Medical Card or GP Visit Card if you have exceptional circumstances that cause you undue financial hardship.</b>				
Please provide details and evidence of any other issues which you wish to have considered.				
Examples would include: <ul style="list-style-type: none"> <li>• Health Expenses including professional fees</li> <li>• Prescribed Medicines or Appliances</li> <li>• Hospital Charges</li> <li>• Travel, Accommodation or Childcare costs related to attending clinics or hospitals</li> <li>• Loans or other money management issues</li> </ul>				

## Part 5 – Doctor of Choice

Doctor's Name		Practice Address
Miles from your home to Doctor's main centre of practice		

## Part 6 – Declaration and Consent

(a) To process your application, the HSE may seek limited access to Social Welfare data to confirm details of you and your dependants, if any. The HSE may also seek limited access to Social Welfare financial details relevant to this application and further reviews. Your signature below shows that you consent to this access.

(b) A person who knowingly makes a false statement, fails to disclose any material fact or produces a false document as part of this application is liable to a fine and/or to imprisonment under Section 75 of the Health Act 1970 as amended by the Health (Amendment) Act 2005.

(c) A person who fails to notify the Health Service Executive of a change in circumstances which would affect their eligibility for a Medical Card / GP Visit Card is liable to a fine under Section 49 of the Health Act 1970 as amended by the Health (Amendment) Act 2005.

I hereby apply for a Medical Card / GP Visit Card for myself and my dependants as listed. I have read the above notes and I declare that the information given by me on this form is to the best of my knowledge and belief correct. I agree to immediately report to the HSE any changes which may affect my eligibility for health services and that of my dependants.

Signature of Applicant:

\_\_\_\_\_

Dated: 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

## Part 7 – Doctor's Acceptance

I agree to provide Medical Services to this applicant and/or their dependants.

Signature of Doctor:

\_\_\_\_\_

Dated: 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

GMS STAMP HERE:

\_\_\_\_\_

## Checklist – Have you:

- Completed all relevant parts and signed the form?
- Provided proof of PPS Numbers for you, your spouse / partner and any dependants?
- Provided proof of all income and assets declared in Part 3?
- Provided proof of all outgoings including rent / mortgage, childcare, travel to work costs and any other costs you declared in Part 4?
- Provided proof of car ownership, if appropriate?
- Provided the relevant E Form if you are claiming under E.U. Regulations?
- Read and signed Part 6?
- Part 7 signed and stamped by your selected Family Doctor?
- Applications in respect of persons aged 70 and over should be sent to : HSE, Primary Care Reimbursement Service, Exit 5, M50, North Road, Finglas, Dublin 11.