

## **Terms of Service for Acceptance of Medical Card Patients**

Dear Patient,

DCHC would be pleased to provide you and your family with General Medical Services under the HSE Medical Card / Doctor Visit Card schemes.

Before completing your application, it is important that you read and understand the terms under which we are able to provide these services to you. We hope that it will help you to make the best de-cision for you and /or your family in relation to which practice is best placed to provide these services to you.

### **What service are provided to GMS patents free of charge**

- Access to a doctor in an emergency
- Routine appointments with a doctor or Nurse
- Children under 16 will be seen on the same day if clinically appropriate
- Access to some Nurse Services (Childhood vaccinations, Flu Vaccinations, Cervical Smears)

### **Appointments & Triage**

DCHC runs a full appointment service for both routine and urgent requests. You must telephone the surgery in ALL cases and you will be advised of a time to attend if the request is urgent. Patients who attend as 'walk ins' cannot be accommodated and you may be asked to return at a later time or date.

All same day requests made by phone are subject to nurse triage.

**Routine** non-urgent appointments can be requested online at [www.dhc.ie](http://www.dhc.ie)

### **Requests for Prescriptions**

We require 2 days notice in order that prescriptions can be reviewed and generated safely. Prescriptions must be collected and will not be faxed or posted under any circumstances. Requests can be made online at [www.dhc.ie](http://www.dhc.ie)

### **Renewal of Medical Cards**

It is the absolute responsibility of the patient to maintain a valid medical card. Full Private patient fees will be applied to your chart if you attend without a valid card. Refusal to pay in these circumstances will result in suspension of provision of services to you pending alternative arrangements made by you for provision of service.

### **What services are NOT covered by your Medical Card?**

Routine Blood tests	General Medicals	Passport / Drivers License application
Warfarin Monitoring	Wound dressings	Medicolegal reports
Minor Surgery	Pre-employment medicals	
Support letters	ALL Non-Social Welfare Forms	Private Sick Certificate

This list is not exhaustive, therefore if you are unsure if charges will be levied, please ask and we will be happy to tell you. The most up to date information on our charges can be found on our website [www.dhc.ie](http://www.dhc.ie)

### **Home Visits**

Home visits are only provided to patients who live within 5 miles of the surgery in exceptional circumstances. For elderly patients or patients with mobility and transport problems, you should carefully consider any decision to transfer to this surgery, as this may affect our ability to provide you with effective care in the future.

You will now be asked to acknowledge in writing receipt of these terms and your agreement of same before your application will be processed. The attached terms of service agreement should be signed by the head of the household.

Following approval and entry to our lists you or your representative must make an initial **booking appointment** with one of our practice nurses for review of your medical history and current medications. This booking visit **must be completed** before appointments can be booked with the doctor and before you can avail of further services.

You will be given a request of medical notes letter for your previous GP, along with consent to release notes letter, which must be delivered by you to their practice. Once you have received the notes, they will be scanned to your computerised notes.

Please feel free to contact us if you have any questions or need clarification on the contents of this letter.

We look forward to providing you with high quality, accessible care.

**Dr Richard Look Tong,**

Date:

«Patient.FirstName» «Patient.Surname».  
«Patient.FullAddress»

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Regarding:

**Terms of Service to GMS Patient**

I the undersigned confirm that I have requested to join DCHC Surgery for the provision of General Medical Services to myself and my family listed below

(1)

(2)

(3)

(4)

(5)

(6)

I further confirm that I have been given a written terms of service documents outlining the terms under which these services are provided to me and my family.

I have been given an opportunity to have the terms clarified to me by a member of staff before the application can be processed

I have accepted these terms as they have been explained to me in writing

pp

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«Patient.FullName»