



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Medical Card and GP Visit Card Application Form

MC1

Please read the notes on pages 11 and 12 before completing this form.

If you need help to fill in the form, please phone or visit your Local Health Office or call us on 1890 252 919.

## Who should fill in this form?

Anyone applying for either a Medical Card or a GP Visit Card – you will be assessed for both.

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

1. Complete this form – there is a 'Help and Information' section on pages 11 and 12.
2. Gather all the paperwork we ask for in Part 3 and Part 4. Please only send in **copies**.
3. Ask your family doctor of choice to sign and stamp Part 5.
4. Read and sign the declaration, read the checklist then send the form and all the documents to:  
Client Registration Unit, PO Box 11745, Dublin 11.

## Is there anything I can do to speed up the process?

It really helps us when you send in **fully completed forms and all the documents we ask for**. If you send a complete application, we will deal with it quickly and if you're entitled to a card you'll get it within 15 working days.

Here is what you have to look out for:

1. Make sure to fill in **all** your details accurately.
2. Give us **copies** of **all** the documents we ask for and make sure they are up to date. Look out for the red star★ – this tells you which supporting documents you need to send us. You will find examples of the kind of documents we need on page 10.

**IMPORTANT: Your application will be delayed if it does not include all the information and documents we ask for. If this happens, we will have to write to you for the missing information or documents.**

## Part 1 – Personal details

### 1A – Your details

First name(s): Surname: Date of birth:        ★ PPS number: 

Address:

Gender: Male  Female Mobile phone:  - Daytime phone: Email address: Birth surname: 

(if different from above)

Country of birth: How long have you lived in Ireland: Do you live alone? Yes  No  If you answered 'No', who do you live with? 

Are you:

Single  Married  Cohabiting  Civil Partnership  Widowed  Separated  Divorced Do you have, or have you ever had, a Medical Card or GP Visit Card? Yes  No 

If 'Yes', please tick the kind of card and write in the number:

Medical Card  GP Visit Card  Card Number 

### Your spouse or partner

First name(s): Surname: Date of birth:        PPS number: Gender: Male  Female Does your spouse or partner have a Medical Card or GP Visit Card, or have they ever had one? Yes  No 

If 'Yes', please tick the kind of card and write in the number:

Medical Card  GP Visit Card  Card Number Does your spouse or partner have an educational maintenance grant? Yes  No If 'Yes', please give details of the annual amount and type: 

### 1B – 16 to 25 year old dependants

**If you are aged 16 to 25 and are financially dependant on your parents, please complete Parts 1A, 1B, 5, 6 and 7 of this form. Please ignore Parts 2, 3 and 4.**

Do your parents have a Medical Card or GP Visit Card? Yes  No 

If 'Yes', please tick the kind of card and write in the number:

Medical Card  GP Visit Card  Card Number



## Part 3 – Family income

Please give details of all income that you and your spouse or partner have each week.

Where you see the red star you will need to give us documents that show your income. You will find examples of the type of documents we need on page 10.

### A. Weekly income

	You		Spouse or partner	
	Amount	Type of payment	Amount	Type of payment
Social Welfare payments or pension	€		€	
Wages (after tax, PRSI and Universal Service Charge)	€ *		€ *	
Income from self-employment	€ *		€ *	
Other income, for example, maintenance payment or private pension	€ *		€ *	
Social Security payment from another EU state	€ *	Name of EU State:	€ *	Name of EU State:

### B. Back to employment or education scheme (for example, Community Employment Scheme)

\* Please include a letter from the scheme supervisor showing the date you started and when you're expected to finish.


	Scheme type	Start date	Expected finish date
<b>You</b>			
<b>Spouse or partner</b>			

## Part 3 – Family income – *continued*

### C. Investments and savings

**Do you or your spouse or partner have any investments in stocks, shares or savings with banks or building societies, or any other financial institutions?** Yes  No

If 'Yes', please give details here:

Amount invested or held in savings	Name and address of financial institution	Type of investment or savings
€ 		

### D. Additional property

**Other than the house you live in, do you or your spouse or partner own any other properties or land?** Yes  No


If 'Yes', please give details of each property, how much income you get from it each year and the costs of the property each year.

#### Property 1

Address:

Details (for example, three bed semi, shop unit and so on):

Annual income (rent, lease and so on — please give details):

 €

Annual costs (mortgage, insurance and so on — please give details):

 €

#### Property 2


Address:

Details:

Annual income:

 €

Annual costs:



 €

If you have more properties, please give details on a separate page.


## Part 4 – Expenses

Where you see the red star you will need to give us documents that show your expenses. You will find examples of the type of documents we need on page 10.



### A. Housing

	Monthly amount	Name and address or bank, building society or landlord	
Mortgage	€ 		
Rent	€ 		
Mortgage protection	€	Policy number	Company name
House insurance	€	Policy number	Company name


### B. Childcare

Weekly amount	Name and address of crèche or child minder
€ 	

### C. Travel to work costs

	Location of employment	Transport used (for example car, bus, train)	Distance you travel in kilometres (km) each week	If public or shared transport, cost each week
<b>You</b>				€
		If car, are you the registered owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Spouse or partner</b>				€
		If car, are you the registered owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### D. Maintenance payments that you or your spouse or partner make to another person

Weekly amount	Name and address of the person who gets the payment
€ 	

## Part 4 – Expenses – *continued*

### E. Medical expenses

If you have ongoing medical expenses or expenses related to a particular illness, please give details of the illness and the associated costs. If you want us to take these costs into account, you must give us evidence of the costs (such as receipts).

Examples include:

- Health expenses such as doctors' fees
- Hospital charges
- Prescribed medicines or appliances
- Travel, accommodation or childcare costs related to attending clinics or hospital



### F. Other expenses

If your income is above the income guidelines, we may still give you a Medical Card or GP Visit Card if you are suffering extreme financial hardship. Please give details, and evidence, of any other expenses that you would like us to take into account.







## Part 5 – Family doctor

Ask your family doctor to sign and stamp this part of the form.

Doctor's name:

Practice address:

### Doctor's acceptance

I agree to provide medical services to this applicant and their dependants.

Signature of doctor:

\_\_\_\_\_

Date:

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

GMS Stamp:

## Part 6 – Declaration and consent

### NOTES:

The HSE may contact other Government departments, including the Department of Social Protection and the Revenue Commissioners, to confirm the information you have given. By signing this form, you agree to this.

By law, anyone who deliberately gives false information on this form, or who does not give all relevant information, could face a fine, imprisonment or both.

Also, by law, anyone who does not tell the HSE about a change in their circumstances which could affect their eligibility for a Medical Card or a GP Visit Card could face a fine.

**I apply for a Medical Card or GP Visit Card for myself and my dependants. I declare that the information I have given on this form is correct to the best of my knowledge. I agree to tell the HSE immediately about any changes that may affect my own or my dependants eligibility for health services.**

Please sign here:

\_\_\_\_\_

Date:

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

## Checklist

- Have you completed all relevant parts and signed the form?
- Have you given proof of your PPS number?
- Have you given proof of all income and assets that we asked for in Part 3?
- Have you given proof of all expenses that we asked for in Part 4?
- Have you given the relevant E Form if you are claiming under European Union (EU) regulations (see page 12)?
- Has your family doctor signed and stamped Part 5?
- Have you read and signed Part 6?

## Examples of the types of documents we need for Part 3 and Part 4

### **Wages:**

A recent payslip or P60

### **Income from self-employment:**

Your most recent notice of assessment from Revenue

### **Other income:**

A recent payslip or P60

### **Back to employment or education scheme:**

A letter from the scheme supervisor showing the date you started and when you're expected to finish

### **Investments and savings:**

A statement from each financial institution in which you hold an account showing details of any savings, shares or investments

### **Rent or mortgage:**

A recent letter from your building society or bank or a bank statement showing the deductions for at least three months

### **Childcare:**

Recent receipt showing the full name and address of your child-minder or crèche

### **Travel to work cost:**

Public transport receipts or recent tickets. If driving to work please provide proof of car ownership. For example, a copy of your Vehicle Registration Certificate (VRC).

### **Maintenance payments to another person:**

A copy of your maintenance agreement

### **Medical expenses:**

Recent receipts

Remember to send **copies** of these documents. Do not send original documents as we cannot return them.

## Help and information

### General information

#### What is a Medical Card?

A Medical Card gives people free access to a GP family doctor, free prescribed approved medicine and a range of other health services.

#### What is a GP Visit Card?

A GP Visit Card lets people visit a family doctor free of charge.

#### 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. Whether you get a card or not depends on your income and expenses. '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.

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

First, the HSE will check your income. We look at your income after tax, PRSI and the Universal Social Charge (USC) have been deducted. We also take rent, mortgage payments, childcare and travel-to-work costs into account. If you have difficult personal circumstances, for example, a chronic illness that puts a lot of financial pressure on you, the HSE might grant a Medical Card or a GP Visit Card even if you are over the financial limits.

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

If your family income falls within the income guidelines, the card will cover you, your partner or spouse, and your children under 16 years of age. If your children are aged 16 to 25 and are financially dependent on you, they will also get a card. **They must fill out their own application form** and they will be given their own card (see the section about 16-25 year olds on page 12).

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

No. If you move house, you do not need to apply for a new card. You can contact us at 1890 252 919 and we will update your records. You can get a list of family doctors in your area from your Local Health Office.

### Completing this form

**Please read this section carefully before filling in the application form.**

#### Who should fill in this form?

Anyone applying for either a Medical Card or GP Visit Card should fill in this form. The HSE will assess you for both cards at the same time.

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

You should fill in all the section that apply to you.

Part 1 - Your personal details, and those of your spouse or partner, if appropriate

Part 2 - Details of any dependants

Part 3 - Details of your family income

Part 4 - Details of your family expenses

Part 5 - Details of the doctor you have selected and your doctor's acceptance

Part 6 - Declaration and consent

## Help and information – *continued*

### Completing this form – *continued*

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

You need to include:

- Documents such as receipts, payslips, bank statements and so on which show all the income and expenses you've listed in this application. Look for the red stars★ – they tell you when to send supporting documents. You'll find examples of the types of documents we need on page 10.
- Your PPS number.
- Start dates and expected finish dates of 'back to employment or education schemes', if this applies to you.
- If you are a foreign national claiming under EU Regulations, you must also include the relevant E Form from the other European State. If you do not have the right form you will need to contact the other European State for it.

#### Does my doctor have to sign the form?

Yes. The family doctor who has agreed to provide medical services to you and your family must sign this form. Contact your doctor's surgery and ask the doctor to sign your application form. You can get a list of family doctors from your Local Health Office.

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

1. Read the form and make sure you have filled in all the parts that apply to you.
2. Look over the Checklist and make sure you have included **copies** of all the documents we ask for.
3. Send your application form and documents to:  
Client Registration Unit, PO Box 11745, Dublin 11.

#### I am aged between 16 and 25, how do I apply?

If you are financially dependant on your parents, aged between 16 and 25 and your parents have a medical card, you should complete Parts 1A, 1B, 5, 6 and 7 of this form. You can ignore Parts 2, 3 and 4.

If you live at home with your parents and they do **not** have a Medical Card, you must have a weekly income of €164 to apply for a Medical Card on your own. If this is the case, you should complete all parts of this form.

If you are aged between 16 and 25 and live outside the family home, you should complete all parts of this form.

#### NOTE:

If we decide to give you a GP Visit Card, you should apply for a Drugs Payment Scheme (DPS) Card so that you only have to pay a set amount each month for your medicines.

You can get more information on the Drugs Payment Scheme from your Local Health Office or online at [www.hse.ie](http://www.hse.ie). Select 'Service List' and then 'Benefits and Schemes'.