

Health Service Executive
Form MC 2 - MEDICAL CARD APPLICATION FORM
FOR PEOPLE AGED 70 YEARS AND OVER

People aged 70 years and over and ordinarily resident in Ireland are automatically entitled to a full Medical Card. If you are 70 years or over, and do not already hold a medical card, you may apply for your medical card using this form.

If you have a spouse or other dependant aged 70 years or more should complete a separate application form like this one.

If you are aged 70 or over, and have a spouse or other dependant(s) aged **under** 70 years, they should apply using the standard Medical Card / GP Visit Card application form, MC1. As their spouse, your means will be assessed during their application but **you** will still be entitled to your own Medical Card.

- Please complete **part A** of this form.
- Bring it along to your Doctor of choice to have him/her fill in **part B** of the form marked **Doctor's Acceptance**.
- Completed forms should be sent to your local Health Office or your Health Centre.

If you need any help completing this form, please call your Local Health Office or Health Centre, or phone the HSE Information Line on 1850 24 1850.

MEDICAL CARD APPLICATION MC 2
PERSONS AGED 70 YEARS AND OVER

A Please use block capitals

First Name(s) _____ Surname(s) _____

Address Line 1 _____ (Please tick) Male Female

Address Line 2 _____

Address Line 3 _____ Email _____

Address Line 4 _____

County _____ Contact Phone No ____ _____

P.P.S.N. (RSI) Number _____

Do you hold or have you ever held a Medical Card? Yes No

(If yes) Card Number _____ Previous Address(s) _____

Date of Birth (DD/MM/YYYY) _____

If married, please give your Maiden Name _____

Please give your Mother's Maiden Name _____

PLEASE TURN OVER

Are You? (Please tick as appropriate)

Married / Cohabiting Single Widowed Separated / Divorced

Are you in receipt of a Social Security Pension from another EU member state? _____

If yes, which EU Member State? _____

Please give the distance in miles from your home to your Doctor's main centre of practice ____.

Data Protection Declaration: Please read and sign:

I agree that the Health Service Executive may access the Department of Social and Family Affairs computer records/data for the purpose of verifying my age.

Signed: _____ Date: _____

B

Doctor's Acceptance (to be completed by your Doctor)

I agree to provide General Medical Services to the above named, subject to eligibility, in accordance with my agreement with the HSE for the provision of services under Section 58 of the Health Act 1970 as amended by the Health (Amendment) Act 2005.

Signed: _____ Please place Official GMS stamp here

Date: _____



Declaration

I hereby apply for a Medical Card. I am ordinarily resident in Ireland and I am aged over 70 years. I have read the introductory note above below and I declare that the information given by me on this form is to the best of my knowledge and belief correct.

Signature of Applicant: _____

Date: _____

Office Use Only Date Application Received: _____

Approved by: _____ Date Approved: _____

Card No _____ Card Expiry date _____