

UNIVERSITY HOSPITAL LIMERICK IN-PATIENT ADMISSION FORM

Patient Details

Patient ID:
Patient Name: **Nicholas Moloney**
DOB: **Male**
Sex:
Patient Address:

Patient Home No: **English**
Patient Mobile No: **Irish Resident**
Spoken Language: **Single**
Residential Status: **Not Specified**
Marital Status: **Roman Catholic**
Occupation:
Religion:
Maiden Name:

Admission Details

Admission Date: Tuesday 19th June 2018 Time: 8:00 am
Type of Bed Requested: **Public**
Ward: **GH - Day Ward**
Date of Last Admission: **27/06/2017, 09:11**
Date of Last Discharge: **27/06/2017, 14:02**

Medical Card Details

Medical Card Status: **Medical Card**
GMS No:
Review Date: **_ J _ J _ _**

Medical Insurance Details

Insurer: **Self Payer**
Policy Plan: **Self**
Policy No:

In Case of Emergency Please Contact the Following First:

Contact Name:
Telephone No: **I**
Primary Next of Kin:
Name: **Not Specified**
Relationship:
Address:
Home No:

Mobile No:

GP Details:

GP Name: **Dr. John O'Donnell**
Address: **Ennis Family Medical Centre
Gort Road
Ennis
Co Clare**
Telephone No: **065 6822575**

Patient Admission Status

Consultant Name: **Professor Dominic Harmon**
Secondary Consultant:
Private/Public Patient: **Public Patient**
Ward: **GH - Day Ward**
Admission Type: **Elective - Waiting**
Management Intention: **Day Case**

Referral Source

Referring Doctor: **Professor Dominic Harmon**
Referred To: **Professor Dominic Harmon**
Address:
Telephone No:

I HEREBY APPLY FOR HOSPITAL SERVICES UNDER THE HEALTH ACTS FOR MYSELF/ MY SPOUSE/ MY CHILD.

I WISH TO BE TREATED AS A PUBLIC IN-PATIENT FOR THIS ADMISSION.

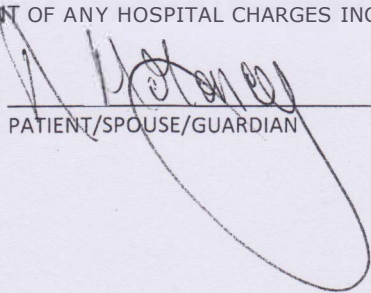
I HEREBY ACCEPT LIABILITY FOR THE CHARGES OF:

THE DAILY INPATIENT CHARGE OF **€80EUR** UNLESS I ESTABLISH EXEMPTION.

YOUR CARE MAY BE CONTINUED IN A HOSPITAL IN THE MID WEST.

I HEREBY ACKNOWLEDGE THAT MY DETAILS MAY BE PASSED ONTO A DEBT COLLECTION AGENCY IN THE EVENT OF NON - PAYMENT OF ANY HOSPITAL CHARGES INCURRED DURING THIS ADMISSION

SIGNED:


PATIENT/SPOUSE/GUARDIAN

DATE: 19th June 2018