



**MEDICAL CERTIFICATE.** To be answered in full by a registered medical practitioner only (**not physiotherapist**).

Name of Patient: \_\_\_\_\_

What injuries has the Patient sustained? \_\_\_\_\_

\_\_\_\_\_

What date did the injury occur? \_\_\_\_/\_\_\_\_/\_\_\_\_

What course of treatment has been recommended in respect of this injury? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When were you first consulted about the above injury? \_\_\_\_/\_\_\_\_/\_\_\_\_

How long has the Patient been totally or partially disabled from engaging in or attending to any business as the result solely of the injuries?

Totally From	____/____/____	To	____/____/____
Partially From	____/____/____	To	____/____/____

How much longer do you consider such disablement will continue?

Totally From	____/____/____	To	____/____/____
Partially From	____/____/____	To	____/____/____

Has the Patient any disease or any physical defect and if so of what nature?

To what extent may recovery be affected by this?

\_\_\_\_\_

Are the injuries sustained as a result of a pre-existing condition/injury? If so, please details;

\_\_\_\_\_

Qualifications \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Official Stamp:

***Please note, reduced policy limits will apply in respect of claims for physiotherapy treatment and emergency dental treatment – please refer to your insurance certificate for full details.***

## POLICY COVER

**Bodily injury sustained by any registered member whilst engaged in playing, training or travelling affiliated with the DDSL**

### BENEFITS

<b>Benefit</b>	<b>Cover</b>
Death	€25,000
Permanent Disablement	€80,000
Medical Expenses	€10,000
Physio	€250
Emergency Dental	€500
Excess	€100

➤ **Medical Expenses Key Points:**

- Please note your private health insurer is the first port of call and this policy, only caters for Medical Expenses which are irrecoverable elsewhere. Cover is provided for limited Physiotherapy Expenses where there is a requirement for same pre or post-surgery.
- Cover for physiotherapy is only provided where referred by an attending approved Medical Practitioner/Physio.

➤ **Principal Exclusions:**

- All preexisting injuries are excluded.
- The first €100 in respect of incurred Medical Expenses.
- An accident proved to have occurred due to the influence of alcohol or drugs.

**Please notify all incidents within 30 days**

### Checklist:

Please return this checklist with your claim form and any supporting documentation to: [paclaims@lcsi.ie](mailto:paclaims@lcsi.ie) or post to **Leeson Claims Services Ireland**,  
68 Merrion Square South,  
Dublin 2  
Contact: Elizabeth Brohoon – 01 4852988/01 4852980

<b>Documents to enclose with your claim form:</b>	<b>Tick</b>
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<b>Fully</b> completed claim form and medical certificate (form must be countersigned by an official). This will be returned to you if any field is left unanswered.	
Original receipts and invoices for medical expenses incurred. Photocopies will not be accepted. (If the player holds private health insurance he/she must submit a claim through the private health insurer first as the Clubchoice policy only covers irrecoverable expenses).	
Physiotherapy/Alternative treatment will only be considered where a referral letter from a medical practitioner has been obtained.	
For any surgery required that is covered under the policy, we require a pro-forma invoice from the hospital 4 weeks in advance stating the date of the surgery, the breakdown of the costs, and who to make the cheque payable to. This is subject to the policy excess and policy limits under the medical expenses section of the policy.	