

Claim for

Free Prescriptions During & After Pregnancy

(HCIA)

SECTION A: To be completed in all cases.

SECTION B: To be completed if you have had a baby within the last 12 months and you did not get an exemption certificate while you were pregnant.

SECTION C: To be signed by you.

SECTION D; To be completed by your doctor, certified midwife or health visitor.

Then send the completed form to;

Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ

Please write in block capitals

A

ABOUT YOURSELF

Surname (Mrs/Miss/Ms)	Former Surname	Date of Birth
First Name(s)		
Address	Former Address	
Postcode	Postcode	
Doctors Name	Doctors Address	
	Postcode	
My HS number is (copy it from medical card)		

B

ABOUT YOUR BABY

My baby's name is
My baby was born on
My baby's HS number is (copy it from medical card)

C

DECLARATION

I apply for a certificate which will entitle me to get my prescriptions free.
I declare that the information on this form is true and complete.

Signed:	Date:	20
---------	-------	----

D

STATEMENT BY DOCTOR, CERTIFIED MIDWIFE OR HEALTH VISITOR

I certify that the above-mentioned person is an expectant mother*/had a baby within the last 12 months.

Expected date of confinement*/Date of Birth

* Delete as appropriate

Signed:	Date:	20
---------	-------	----