Drugs Payment Scheme

This is an important Scheme that covers families and individuals for the cost of their prescribed medication. Under the drugs Payment Scheme, no individual or family will have to pay more than the approved monthly threshold amount in any calendar month for approved prescribed drugs, medicines and appliances for use by that person or his/her family in that month.

Definition of family for the Purpose of the Scheme

Family expenditure covers the nominated head of household, who must be an adult, his/her spouse (including a person with whom he/she is living as husband or wife) and children under 18 years.

Dependant over 18 years and under the age of 23 years who are in full time education may also be included. (School/ College stamp or other validation required).

A dependant with a physical disability or mental handicap or illness who cannot maintain himself/herself fully, who is ordinarily resident in the family home, may be included in the family expenditure under this Scheme regardless of age.

Eligibility

All those who are ordinarily resident in Ireland are eligible to apply for the Drugs Payment Scheme providing they **do not** hold a current medical card. You can use the Drugs Payment Scheme with a Long Term Illness Book.

Application Procedure

It is important to complete this registration form immediately to ensure that you/your family can use the Scheme.

Families should be registered by the nominated head of household, who must be an adult. Return the completed form to **your Local Health Office**. See list of address(es) on this form.

How to use the Scheme

Once your registration form has been processed each person named will receive a registration card. This card must be presented to the Pharmacist before a prescription is dispensed.

Pending the introduction of a facility whereby Pharmacists can access a central database to confirm amounts already paid, all members of a family should use the same **Pharmacist** throughout a calendar month to obtain prescribed medication

School/College details

This section should be completed by the school/college if your child is between 18 and 23 and continuing in full time education.

certify that is in full time education at this school/college since (state both dates)										
Date of entry//										
And is expected to continue until/										
Two/three year certificates are acceptable.										
This student is in year of a	year course.									
(For and on behalf of the Principal)										
Signed:										
Tel:										
Date:										

School/College Official Stamp

Where there is more than one student in full time education please submit school/college details for each student. Additional application forms are available from your Local Health Office.

OF APPLICATION

- 1. For new applications please complete Section A.
- 2. To add a new family member e.g child or spouse/partner to an existing DPS, family, please complete Section B (please provide details of existing card number as requested).
- 3. Persons holding a current medical card should not complete this form.
- 4. Anyone ordinarily resident in Ireland is entitled to apply for this scheme.
- 5. This form should be completed nominating the head of household, who must be an adult.
- You must include each persons Personal Public Service Number (PPSN) on this form. This is the same as your RSI number and is available from the following sources -
 - Your Tax form/pay slip,
 - The registration section of the Department of Social and Family Affairs. To obtain your child's PPS number from this Department please quote your Child Benefit Claim number.
- Any change in Circumstances e.g birth, death, medical card registration, dependant(s) leaving full time education should be notified to your Local Health Office.
- If there is not enough space on this form for your family details please complete and attach a second registration form. Additional copies are available from your Local Health Office
- 9. Use Black Biro to enter details.
- 10. Use BLOCK CAPITALS.
- Write clearly and accurately within the boxes provided.
 Do not join your writing.
- 12. Leave spaces where necessary in address.
- 13. Supply area code in telephone number.
- 14. Use D D M M Y Y in date boxes i.e 1 7 0 7 9 6 is 17th july 1996.
- 15. Please make sure that the form is signed and dated.
- Completed application forms should be forwarded to your Local Health Office. See list of addresses on this form.

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Address of Applicant/Famil	у	Previous address i	if chang	ged in	the las	st five	years:				-, -,								
											The Share arranger								
										-	arranges, on behalf of the Health Service Executive, for drugs Payment Scheme cards to be issued - it also								
	-								-	processes for payment all DPS pharmacy claims						s. The			
							information on this form will be transmitted to The												
									Shared Services Primary Care Reimbursement Service so that a DPS registration card(s) may be issued to the										
		_										person(S) named hereon.							
Telephone area code [] number [1									 Details of prescription items dispensed to the named person(s) may be notified to The Shared Services Primary 								
Do you currently hold a	a DPS card Yes No														e Shared Se the dispen:				
	, Please state with which Local Hea	Ith Office													erson(s) in				
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	lease complete section 'A'.										• The nam			av access i	nformatio	n relati	ina to		
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