

APPLICATION FOR ALTERNATE SUBSIDY BY SPECIAL AUTHORITY

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER Reg No:**

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Combined oral contraceptives; Progestogen-only contraceptives (Circle one)

INITIAL APPLICATION

Applications from any medical practitioner. Approvals valid for 2 years.

Prerequisites (tick boxes where appropriate)

Patient is on a Social Welfare benefit

or

Patient has an income no greater than the benefit

and

Has tried at least one of the fully funded options and has been unable to tolerate it

RENEWAL

Current approval Number (if known):.....

Applications from any medical practitioner. Approvals valid for 2 years.

Prerequisites (tick boxes where appropriate)

Patient is on a Social Welfare benefit

or

Patient has an income no greater than the benefit

Note:

The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon, Marvelon, Minulet and Femodene.

The additional subsidy will fund Mercilon, Marvelon, Minulet and Femodene up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.

Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:

- on a Social Welfare benefit; or
- have an income no greater than the benefit.

The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date: