

HEALTH INSURANCE (CONSEQUENTIAL AMENDMENTS) (JERSEY) ORDER 2008

Arrangement

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HEALTH INSURANCE (CONSEQUENTIAL AMENDMENTS) (JERSEY) ORDER 2008

Made
Coming into force

21st January 200828th January 2008

THE MINISTER FOR SOCIAL SECURITY, in pursuance of Articles 10, 17, 26, 28, and 36 of the Health Insurance (Jersey) Law 1967¹, orders as follows –

1 Health Insurance (Medical Benefit) (General Provisions) (Jersey) Order 1967 amended

In the Health Insurance (Medical Benefit) (General Provisions) (Jersey) Order 1967² –

- (a) in Article 1 in the definition "Identity Card", for the expression "1967" there shall be substituted the expression "2007";
- (b) in each place where they occur in Articles 3, 4, 12(1) for the words "any of his or her dependants" there shall be substituted the words "any child of his or her household";
- (c) in Article 3(c) for the words "any of the insured person's dependants" there shall be substituted the words "any child of his or her household";
- (d) in Article 5
 - (i) for paragraph (1) there shall be substituted the following paragraph –
 - "(1) Every account in respect of the fees charged for the provision of medical services by an approved medical practitioner to an insured person or any child of his or her household shall be in the form set out in Part 1 or 2 of Schedule 2, whichever is appropriate.";
 - (ii) paragraph (3) shall be deleted;
- (e) for Articles 6 and 7 there shall be substituted the following Article –

7 Payment of accounts

- (1) When an insured person pays an account in the form specified in Part 1 of Schedule 2, he or she shall deliver both copies of the account to the approved medical practitioner to whom payment is made and that practitioner shall
 - (a) receipt the copies of the account delivered to him or her; and
 - (b) not later than 2 days after the date on which payment was made, return the copies to the insured person.
- (2) But where an approved medical practitioner has failed to return the copies within such period, he or she shall be treated as having done so if he or she proves to the satisfaction of the Minister that there was good cause for such failure.
- (3) When an insured person pays an account in the form specified in Part 2 of Schedule 2, he or she shall deliver such number of copies of the account as may be required to the approved medical practitioner to whom payment is being made.
- (4) That medical practitioner shall deliver a copy of the account to the Social Security Department in accordance with Article 8 and
 - (a) such delivery shall be treated as a claim for medical benefit; and
 - (b) the Minister shall, though the intermediary of the medical practitioner, pay to the insured person the medical benefit to which he or she is entitled in respect of the medical services to which the account relates.";
- (f) in Article 9 for the words "Article 6 or 8" there shall be substituted the words "Article 7 or 8";
- (g) Article 12 shall be deleted;
- (h) for Article 17 there shall be substituted the following Article –

"17 Persons unable to act

- (1) In the case of any person to whom medical benefit is payable or who is alleged to be entitled to benefit or by whom or on whose behalf a claim for medical benefit has been made, if that person is unable to act and
 - (a) has not been received into guardianship in pursuance of a guardianship application under Article 14 of the Mental Health (Jersey) Law 1969;
 - (b) does not have a curator appointed under Article 43 of that Law to manage and administer his or her property and affairs; and
 - (c) does not have a tuteur,

the Minister may, on receipt of a written application, appoint a person to act on the person's behalf.

(2) However, such appointment shall terminate –

- (a) if the person is received into guardianship, or has a curator or *tuteur* appointed;
- (b) at the request of the person seeking appointment;
- (c) if revoked by the Minister; or
- (d) if the claimant becomes able to act.";
- (i) in Article 18(2) for the words "to or amongst persons claiming as the personal representatives, legatees, heirs or creditors" there shall be substituted the words "to the executor or administrator, or to or amongst persons claiming as the legatees, heirs or creditors";
- (j) for Schedule 2 there shall be substituted the Schedule set out in the Schedule to this Order.

2 Health Insurance (Pharmaceutical Benefit) (General Provisions) (No. 2) (Jersey) Order 2002 amended

In the Health Insurance (Pharmaceutical Benefit) (General Provisions) (No. 2) (Jersey) Order 2002³ –

- (a) in Article 1(1), in the definition "Health Card", for the expression "1967" there shall be substituted the expression "2007";
- (b) in Article 7
 - (i) in paragraph (5) for the words "paragraphs (6) and (7)" there shall be substituted the words "paragraph (6)";
 - (ii) paragraphs (7) and (8) shall be deleted.

3 Revocation of Health Insurance (Persons over Compulsory Insurance Age) (Jersey) Order 1967

The Health Insurance (Persons over Compulsory Insurance Age) (Jersey) Order 1967^4 is revoked.

4 Citation and commencement

This Order may be cited as the Health Insurance (Consequential Amendments) (Jersey) Order 2008 and shall come into force on 28th January 2008.

SENATOR P.F. ROUTIER

Minister for Social Security

SCHEDULE

(Article 1(i))

"SCHEDULE 2

(Article 5)

FORMS OF ACCOUNT TO BE SUBMITTED BY APPROVED MEDICAL PRACTITIONERS

PART 1

FRONT

To Professional S	ervices rendere	ed during the m	onth	20
		8		
		1		
Space for Doctor'	Space for Doctor's Receipt			£
		To Account Rendered		£
		Total Attendances		
		(in words)		
			FOR OFFIC	
Insured Person	Child of the household			V1S1tS
Instructions for the Insured Darson are rejected			Doto	
Instructions for the Insured Person are printed overleaf				

BACK

Health Insurance (Jersey) Law 1967

Time Limit within which you must make your claim.

You must claim your refund within 6 calendar months from the end of the month during which the professional services were rendered, otherwise you will lose your benefit.

SOCIAL SECURI 32 LA MOTTE ST ST. HELIER, JERSEY, C.I.	ΓΥ DEPARTMENT, REET,			
You must complete	this section.			
Forename(s)		Health Insurance Number		
Surname(Block letters pleas	e)			
I claim medical ber as shown overleaf.	nefit in respect of medical pr	ractitioner's professional services		
Signature				
Date				
Either:		copy of this account together with above address when a cash refund		
Or	receipted) to the above	e address when a refund will be not enclose your Benefits Card.		
For cash refunds o	nly (to be completed at the t	ime of refund).		
Received the sum of	of £ in respect of medic	cal benefit detailed overleaf.		
Signature		Address (if not insured person or child of the household).		

PART 2

FRONT

	Τ	T	T		Т	
RECEIPT		Month	No. of consultations	Gross Fees	Medical Benefit	Net Fees
		WIOIIII	Consultations	rees	Delicit	rees
	Out of date for medical benefit			•		٠
	70					•
	ndere					•
	nts re					•
	Accounts rendered					•
	4					•
To professi	ional services					•
To inclusive fee for attendances at confinement and 7 days following						
		TOTALS				
Provided that you are entitled to medical benefit and this account is paid within 6 months of the earliest consultation, you need only pay this net amount.						
DECLADATION. I contify that the medical convices shown shows have						

DECLARATION: I certify that the medical services shown above have been provided to me or to a child of my household and I declare that a Jersey Health Insurance Benefits Card is held by me or on my behalf. I authorize the Social Security Department to pay to the doctor the medical benefit in respect of these services.

IMPORTANT INSTRUCTIONS APPEAR OVERLEAF

BACK

SOCIAL SECURITY DEPARTMENT

INSTRUCTIONS FOR SETTLEMENT OF THIS ACCOUNT

This account shows the gross amount of the doctor's fees, the medical benefit and the net amount which you are required to pay.

You need only pay the net amount if you are covered for medical benefit by a Jersey Health Insurance Benefits Card showing an entitlement date earlier than the date on which the medical services were provided.

Please sign the declaration on the front of this form and send the form together with the appropriate payment to the doctor.

RECEIPTS

If you require a receipt, please send BOTH copies of this account form to the doctor with your payment.

If you do not require a receipt, send only the signed white copy and keep the pink copy.

IF THE NET AMOUNT OF FEES FOR ANY PARTICULAR MONTH IS NOT PAID WITHIN 6 MONTHS YOU MAY LOSE THE MEDICAL BENEFIT FOR THAT MONTH. YOU WILL THEN BECOME LIABLE FOR THE GROSS AMOUNT OF THE FEES.

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chapter 26.500 chapter 26.500.16 chapter 26.500.22

⁴ R&O.4980 (chapter 26.500.20)