



Jersey

**HEALTH INSURANCE (PHARMACEUTICAL
BENEFIT) (GENERAL PROVISIONS) (No. 2)
(AMENDMENT No. 7) (JERSEY) ORDER 2009**

Made

8th April 2009

Coming into force

1st May 2009

THE MINISTER FOR SOCIAL SECURITY, in pursuance of Articles 15 and 36 of the Health Insurance (Jersey) Law 1967¹, orders as follows –

1 Schedule 3 substituted

For Schedule 3 to the Health Insurance (Pharmaceutical Benefit) (General Provisions) (No. 2) (Jersey) Order 2002² there is substituted the Schedule set out in the Schedule to this Order.

2 Transitional provision

- (1) This Article applies to a prescribed form for the supply of pharmaceutical benefits –
 - (a) that is in the form prescribed immediately before the commencement of this Order; and
 - (b) that was issued before the commencement of this Order.
- (2) In addition to the prescribed form set out in Schedule 3 to the Health Insurance (Pharmaceutical Benefit) (General Provisions) (No. 2) (Jersey) Order 2002 by virtue of this Order, a prescribed form to which this Article applies shall continue to be in the “the prescribed form” for the purposes of Article 15(2) of the Health Insurance (Jersey) 1967 until 31st July 2009.

3 Citation and commencement

- (1) This Order may be cited as the Health Insurance (Pharmaceutical Benefit) (General Provisions) (No. 2) (Amendment No. 7) (Jersey) Order 2009.
- (2) It shall come into force on 1st May 2009.

DEPUTY I.J. GORST OF ST. CLEMENT

Minister for Social Security

SCHEDULE

(Article 1)

“SCHEDULE 3

(Article 5)

FORM OF PRESCRIPTION

HEALTH INSURANCE PRESCRIPTION FORM		Form H9 09	
<p>Supplier's Stamp</p>	<p>Age</p> <p>D.o.B. if under 16</p>	<p>Name (including forename) and address</p>	<p>FOR USE BY P.P.D.</p>
<p>Approved Supplier Endorsement</p>	<p>No. of days treatment <i>Nil. Ensure dose is stated</i></p>	<p>N.P.</p>	<p>FOR USE BY P.P.D.</p>
<p>Signature of Doctor</p>		<p>Date</p>	
<p>Items</p>	<p>Health Insurance Number (See Notes overleaf)</p>		
<p>Charges</p>	<p>FOR USE BY P.P.D.</p>		

NOTES FOR PATIENT

This Prescription Form may be taken to any Approved Chemist Supplier on the Social Security Department Register. Medicines urgently required may be obtained outside normal business hours if the prescription is marked "URGENT" and signed by the doctor.

REMEMBER Your benefits card MUST be produced when first presenting this prescription to the Approved Chemist Supplier. Information about the medicine or other items on this form will be processed centrally to pay monies due to the pharmacist or doctor for items they have supplied to you. The Social Security Department will also use this information to analyse what has been prescribed and the cost. The Social Security Department may use information from this form to prevent and detect fraud and incorrectness.

Collectors of Schedule 1, 2 & 3 Controlled Drugs should print and sign their name:

Print Name	
Print Address if different from overleaf	
Signature	

Privacy Statement

The Social Security Department collects information for the purpose of dealing with all matters relating to the benefits and services it administers. We may check information about you with other information we have. We will not give information about you to anyone outside the Department unless the law allows us to or we have your consent. The Social Security Department is the Data Controller for the purposes of the Data Protection (Jersey) Law 2005.

Form H9 09

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- ¹ *chapter 26.500*
² *chapter 26.500.22*