



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

DRUGS PAYMENT SCHEME
DONEGAL PCCC HQ
ST JOSEPHS HOSPITAL, STRANORLAR
LIFFORD, CO DONEGAL
Telephone No : 074 9191722
Fax No : 074 9190024

07 Jul 2015

RENEWAL NOTIFICATION

Section A	to be completed for all existing members of the household specified
Section B	to be completed for all additional members of the household specified
Section C	to be completed by school/college for persons aged between 18 - 23 years who are continuing in full time education
Section D	to be completed by persons who, under the terms of this scheme, can no longer be included in your household registration e.g. persons aged over 18 years who are no longer in continuing education

Household:

MICHAEL MCGRANE
INVER GLEBE INVER
DONEGAL TOWN
CO. DONEGAL

Please complete if the household address has changed

Re: DRUG PAYMENT SCHEME CARD - CARD NUMBER : 4529200Q - Expiry Date: 30/09/2015

Dear Mr. MCGRANE,

With reference to your Drug Payments Scheme Card, we note that your household registration is due for renewal during the month of September

To update our records, and to ensure that you can continue to avail of the services provided under the scheme, please confirm that the persons noted in Section A are currently members of your household. Section B should be completed in respect of any members of your household who have been omitted.

Please note that in accordance with the terms of the Drug Payments Scheme, dependants aged between 18 and 23 **who are continuing in full time education** can remain as a dependant on the family registration. If you have dependants in this category, please arrange to have Section C overleaf completed by the school/college (please copy this form or contact us for additional form(s) if required). If you have dependants aged between 18 and 23 years **who are not continuing in full time education**, please arrange for them to complete Section D overleaf or alternatively they can obtain a Drug Payments Scheme application form from their nearest health board office and they will be issued with a new DPS card. Section D should also be completed where there is a change in the family status.

Yours sincerely,

Mary Gallagher

SECTION A - please indicate if persons listed are currently members of your household by ticking the box(es)

Name	PPSN	DOB	
CARMEL MCGRANE	4529200QW	26 Apr 1955	☐
MICHAEL MCGRANE	4529200Q	23 Dec 1958	☐

I declare that the above information is true and correct to the best of my knowledge

Signature: Date:

I certify having sighted &
copied the above original
Signed: *[Signature]*
Dempsey & Partners Solutions
Date: 26/07/15

[Signature]
CERTIFIED COPY

I certify that this is a true
copy of the original document