# Form MED 1 Health Expenses - Claim for Relief



The quickest, easiest and most convenient way to claim Health Expenses is by using PAYE Services which is accessed through myaccount on www.revenue.ie

| Name  | and Address (include Eircode)                                  |  | 1           |          |   |                         |                    |   |  |
|---|--|--|-------------|----------|---|-------------------------|--------------------|---|--|
|   |  |  |             |          |   |                         | N                  |   |  |
|   |  |  |             |          | <b>Notes</b> Please read the notes on Pages 3 & 4 |                         |                    |   |  |
|   |  |  |             |          |   |                         | mpleting this      |   |  |
|   |  |  |             |          |   |                         |                    |   |  |
|   | Address - If the address of your                               |  | wn          |          | PPS Numbe   | r                       |                    |   |  |
| below, please check any correspondence you have received from Revenue to locate the address to which you should submit this form, |  |  |             |          |   |                         |                    |   |  |
| www.re  | evenue.ie and enter your PPS No.                               | into Revenue's contact lo              | cator.<br>I |          |   |                         |                    | any corresponden  |  |
|   |  |  |             |          | a civil partner                                   | ship and a<br>the PPS N | re taxed und       | you are married of<br>er Joint Assessm<br>essable spouse of |  |
|   |  |  |             |          | Year for which                                    | n claim is t            | eing made          |   |  |
|   |  |  |             |          | YY  | YY                      |                    |   |  |
|   | ts (and Form Med 2 if your clain                               |  | ental ex    | penses   | should not  | be submit               | —<br>ted with this | s claim but shou  |  |
| be reta   | ined by you - See 'Receipts' sed                               | ction on Page 3.<br>Individuals for wh | om v        | ou wi    | ish to cla  | im                      |                    |   |  |
| Please co   | omplete in all cases the name                                  |  | _           |          |   |                         | ealth exper        | nses.   |  |
| Name  | , , , , , , , , , , , , , , , , , , ,                          | , , , , , , , , , , , , , , , , , , ,  |             |          |   |                         |                    |   |  |
|   |  |  |             |          |   |                         |                    |   |  |
| Address   |  |  |             |          |   |                         |                    |   |  |
| PPS No.   |  |  |             |          |   |                         |                    |   |  |
| In the cas  | se of a claim for an individual                                | whom you maintain in                   | a nurs      | ing hor  | me, please s                                      | state thei              | r PPS No.          | and date of bir   |  |
| PPS No.   |  | Date of B                              | irth        | DD       | MMY   | Υ                       |                    |   |  |
| Refunds   |  |  | L           |          |   |                         |                    |   |  |
|   | sh to have any refund paid dii<br>is quicker to receive paymen |  |             |          | rovide your                                       | bank ac                 | count detai        | ls.   |  |
|   | uro Payments Area (SEPA)                                       |  | y chequ     | ue.)     |   |                         |                    |   |  |
| _   | numbers and sort codes have                                    |  | ernation    | nal Bar  | nk Account N                                      | Numbers                 | (IBAN) and         | d Bank  |  |
| Identifier  | Codes (BIC). These numbers                                     | s are generally availab                |             |          |   |                         |                    |   |  |
|   | can be found on www.rever                                      |  |             | 4 414 1- |   | h f OF                  | -D4                |   |  |
| -   | ossible to make a refund dire                                  |  |             |          | s not a mem                                       | per of St               | EPA.               |   |  |
| internati   | onal Bank Account Numbe  | r (IBAN) (Maximum 34 C                 | naracie     | ers)     |   |                         |                    |   |  |
| Bank Ide  | entifier Code (BIC) (Maximum                                   | 11 characters)                         |             |          |   |                         |                    |   |  |
|   |  |  |             |          |   |                         |                    |   |  |
| Note: An  | ıy subsequent Revenue refu                                     | nds will be made to thi                | s bank      | accou    | nt unless o                                       | therwise                | notified.          |   |  |
| I declare   | that.  | Decla                                  | ratio       | n        |   |                         |                    |   |  |
| •   | all particulars stated on this                                 | form, including income                 | receiv      | ed fron  | n all sources                                     | s, are cor              | nplete, true       | and correct   |  |
| •   | I have paid all expenses claim                                 | imed and I hold receipt                | s for al    | l exper  | nses which a                                      | are availa              | able for insp      | pection   |  |
| •   | in respect of expenses claim<br>I agree to notify the Revenue  |  |             |          |   |                         |                    | lown and  |  |
| •   | to the best of my knowledge                                    |  | -           |          |   |                         |                    |   |  |

Signature

Date

Tel. No.

| Income Details of Claimant  | PPS No.  |  |   |                                      |
|---|--|--|---|--------------------------------------|
| Please enter details of income that was subject to PAYE in the yrelevant, your Form P45. In the absence of your Form P60/P45 provider. If you, your spouse or civil partner had more than one & Tax deducted and Gross Pay for USC & USC deducted for earnclude your P60 for each employment or P45 if not already sub in finalising your claim.  | , the relevant details may be obtaine<br>employment or Private Pension plea<br>ach employment or pension on a se | ed from you<br>ase list the<br>parate she<br>ate forms | ur emplo<br>total tax<br>eet. Altern<br>will resu | yer/pension<br>able Pay<br>natively, |
| Name of Employer or Pension Provider  |  |  |   |                                      |
| Total Taxable Pay   | €  |  | €   |                                      |
| Total Tax deducted  | €  |  | €   |                                      |
| Gross Pay for USC   | €  |  | €   |                                      |
| Total USC deducted  | €  |  | €   |                                      |
| <b>Total Income from other sources not subject to PAYE</b> (see 'Income from other sources' section on Page 4)  | €  |  | €   |                                      |
| Details of Claim  |  | '  |   |                                      |
| Maintenance or treatment in an approved nursing home (see   | e 'Nursing Homes' section on Page  | e 3) <b>(1)</b>  | €   |                                      |
| Nursing Home<br>Name and Address  |  |  |   |                                      |
| Non-Routine Dental Treatment (per Med 2) (see 'Receipts' s  | ection on Page 3)  | (2)  | €   |                                      |
| Routine Health Expenses (see 'Qualifying Medical Expenses   | s' section on Page 3)  |  |   |                                      |
| (a) Services of a doctor or consultant  | €  |  |   |                                      |
| (b) Total outlay on prescribed drugs or medicines for the y   | vear €   |  |   |                                      |
| <ul><li>(c) Educational Psychological Assessment for a depende<br/>(see note on Page 3)</li></ul>   | nt child   |  |   |                                      |
| (d) Speech and Language Therapy for a dependent child (see note on Page 3)  | €  |  |   |                                      |
| <ul><li>(e) Orthoptic or similar treatment</li><li>(on referral from a doctor or other qualifying practiti</li></ul>  | oner)  |  |   |                                      |
| (f) Diagnostic procedures (X-rays, etc.)  | €  |  |   |                                      |
| <ul><li>(g) Physiotherapy or similar treatment</li><li>(on referral from a doctor or other qualifying practiti</li></ul>  | ,  |  |   |                                      |
| (h) Expenses incurred on any medical, surgical or nursing   | g appliance  |  |   |                                      |
| (i) Maintenance or treatment in a hospital  | €  |  |   |                                      |
| (j) Other Qualifying Expenses (provide brief details below  | (1) €  |  |   |                                      |
|   | <b>Total</b> (a) to (j)  | (3)  | €   |                                      |
| To  | OTAL HEALTH EXPENSES   |  | €   |                                      |
|   | (1 + 2 + 3)  |  |   |                                      |
| <b>Deductions -</b> (if none write 'NONE') Sums received or receivable in respect of any of the above | •  |  |   |                                      |
| (i) from any public or local authority, for example, Health   |  | €  |   |                                      |
| (ii) under any policy of insurance, for example, VHI, Laya He   |  | €  |   |                                      |
| (iii) other, for example, compensation claim  |  |  | €   |                                      |
| AMOUNT  | TOTAL DEDUCT ON WHICH TAX RELIEF IS CLA  |  | €   |                                      |
|   | alth Expenses less Total Deduc   |  | €   |                                      |

(Total Health Expenses less Total Deductions)

### Individuals for whom tax relief may be claimed

You may claim a refund of tax in respect of medical expenses paid or incurred by you, on your own behalf or on behalf of any other person.

A personal representative of a deceased person can claim for medical expenses incurred by the deceased. Such expenses are treated as if they were paid immediately before the death of the deceased person and form part of the estate. However, if another individual has paid expenses on behalf of the deceased individual that individual can claim relief on the basis of when the expense was incurred subject to the time limits listed below.

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### Qualifying medical expenses

The headings under which expenses qualify are listed on Page 2 of this form. You must have paid or incurred the amounts claimed on treatment prescribed by or on the advice of a qualifying practitioner. Drugs and medicines can only be claimed where supplied on the prescription of a qualifying practitioner.

### **Nursing Homes**

Nursing Homes must provide qualified nursing care on-site on a 24 hour per day basis.

#### **Maternity Care**

The cost of providing routine health care in respect of pregnancy is allowable.

#### In Vitro Fertilisation (IVF)

IVF may be regarded as treatment in respect of infertility and relief may be allowed in respect of the cost of this treatment where the treatment is carried out by a qualifying practitioner.

### **Educational Psychological Assessment for a dependent child**

Must be carried out by an educational psychologist who has expertise in the education of students. A dependent child must be under 18 years of age or, if over 18 years at the start of the tax year must be receiving full-time instruction at any university, school or other educational establishment.

### Speech and Language Therapy for a dependent child

Must be carried out by a Speech and Language Therapist in respect of a dependent child as outlined above.

### Consumable products

Relief can be claimed for the costs incurred on products manufactured specifically for coeliacs and diabetics where this expenditure is incurred on the advice of a qualifying medical practitioner.

#### **Non-Routine Dental Expenses**

You must hold a completed Form Med 2 (Dental), signed and certified by the dental practitioner when making a claim for non-routine dental expenses. A full list of qualifying treatments is listed on the reverse of the Form Med 2 (Dental) which is available from your Dental practitioner or from **www.revenue.ie** 

### **Expenses that do not qualify**

- The cost of sight testing and the provision and maintenance of spectacles and contact lenses.
- Routine dental treatment which is defined as 'the extraction, scaling and filling of teeth and the provision and repair of artificial teeth and dentures'.
- Cosmetic surgery unless the surgery or procedure is necessary as a result of a physical deformity arising from, or directly related to a congenital abnormality, personal injury or a disfiguring disease.

### Receipts for expenses claimed

Please ensure that you only claim for amounts for which you hold receipts (and Form Med 2 if the claim includes non-routine dental expenses). The quickest, easiest and most convenient way to claim Health Expenses is by using PAYE Services which is accessed through myaccount on www.revenue.ie. Please do not send in the receipts (or Form Med 2) to Revenue when you make your claim. However, you must keep the receipts (including Form Med 2) for a period of six years as you may be asked to send them in if your claim is chosen for a detailed examination. Instead of keeping paper receipts, Revenue will accept electronic copies (scans or images) of the original receipts once you upload them to the Receipts Tracker in myaccount or upload them using the RevApp.

#### Deductions for sums received or receivable in respect of Health Expenses

You cannot claim relief in respect of refunds already received or due to be received from:

- · Any public or local authority, for example, Health Service Executive
- · Any policy of insurance
- Any other source, for example, compensation claim.

You must give details of such amounts and deduct them from the amount claimed on the claim form.

### **Drugs & Medicines**

You can claim tax relief for expenditure of amounts up to €144 per calendar month for prescribed medication. Expenditure in excess of €144 per month is recoverable from the Health Service Executive under the Drugs Payment Scheme.

Where an individual has been prescribed drugs or medication which are outside the Drugs Payment Scheme these should be claimed in addition to the €144 monthly threshold. In circumstances where an individual is claiming for another person, other than their spouse, civil partner or children, that other individual's personal threshold of €144 per month should also be applied to any amounts of related expenditure.

### Income from other sources not subject to PAYE

Income derived from all sources must be declared. For example, taxable payments received from the Department of Social Protection (DSP), including Illness Benefit and Maternity Benefit, Investment/Foreign Income or Foreign Pensions received. Please list details of this income on a separate sheet.

### Year for which you claim

Relief is normally claimed for expenses **paid** in each tax year (1 January to 31 December). However, you may elect to claim in respect of expenses **incurred** in the tax year even though they may be paid later. If you so elect, **all amounts claimed** for the year must relate to amounts **incurred** in the year.

If your subscription year for medical insurance (VHI, Laya Healthcare, Irish Life Health, etc.) does not coincide with the tax year you may submit Form Med 1 for the subscription year. However, claims for subsequent tax years must also be based on your subscription year.

#### Calculation of relief

Relief due for Nursing Home fees is granted at your highest rate of Income Tax. Relief for all other expenses is granted at the standard rate of Income Tax.

### **Penalties**

Any person who knowingly makes a false statement for the purpose of obtaining a repayment of Income Tax is liable to heavy penalties.

## **Time Limit for Repayment Claims**

A claim for repayment of tax must be made within four years after the end of the tax year to which the claim relates. For example, claims for 2013 must be made by 31 December 2017. Please note you must have paid income tax during the year of your claim in order to receive a repayment. If you owe income tax to Revenue for an earlier year, your repayment may be reduced by this amount.

### **Further information**

Customers can get further information on **www.revenue.ie** or alternatively contact their Revenue LoCall Service (within ROI only).

Border Midlands West Region
 Cavan, Donegal, Galway, Leitrim,
 Longford, Louth, Mayo, Monaghan,
 Offaly, Roscommon, Sligo, Westmeath
 East & South East Region
 Carlow, Kildare, Kilkenny, Laois,
 Meath, Tipperary, Waterford,
 Wexford, Wicklow

Dublin Region 1890 333 425
 Dublin (City and County)
 South West Region 1890 222 425
 Clare, Cork, Kerry, Limerick

Please note that the rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

If you are calling from outside the Republic of Ireland, please telephone + 353 1 702 3011.

**Accessibility** - If you are a person with a disability and require this form in an alternative format the Revenue Access Officer can be contacted at **accessofficer@revenue.ie**