



Jersey

**HEALTH INSURANCE (MEDICAL BENEFIT)
(GENERAL PROVISIONS) (JERSEY)
ORDER 1967**

Official Consolidated Version

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HEALTH INSURANCE (MEDICAL BENEFIT) (GENERAL PROVISIONS) (JERSEY) ORDER 1967

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HEALTH INSURANCE (MEDICAL BENEFIT) (GENERAL PROVISIONS) (JERSEY) ORDER 1967¹

THE EMPLOYMENT AND SOCIAL SECURITY COMMITTEE in pursuance of Articles 10, 17, 26 and 36 of the [Health Insurance \(Jersey\) Law 1967](#), orders as follows –

Commencement [[see endnotes](#)]

1 Interpretation²

In this Order, unless the context otherwise requires –

“account” means an account to which Article 5(1) relates and which complies with the requirements of that paragraph;

“draft” means a voucher, cheque, postal draft, payable order or any other instrument whatsoever payable through a post office or a bank;

“Identity Card” has the same meaning as in the Health Insurance (Evidence) (Jersey) Order 2007;

“Law” means the [Health Insurance \(Jersey\) Law 1967](#);

“prescription” has the same meaning as in the [Health Insurance \(Pharmaceutical Benefit\) \(General Provisions\) \(No. 2\) \(Jersey\) Order 2002](#).

2 Approval of medical practitioners

- (1) An application by a medical practitioner for approval under Article 26(1) of the Law shall be in the form set out in Schedule 1 to this Order.
- (2) The Minister shall issue to every approved medical practitioner a certificate to that effect and every approved medical practitioner shall exhibit such certificate in a conspicuous position at the principal place from which he or she carries on his or her practice.

3 Services which are not medical services for the purposes of the Law³

For the purposes of the Law, the expression “medical service” shall not include –

- (a) the issue by an approved medical practitioner of a medical prescription for the treatment of an insured person or any child of his or her household –
 - (i) which is in substantially the same terms as a medical prescription previously issued in respect of that person (whether or not by that same medical practitioner),
 - (ii) in connection with which that person has not been medically examined by the medical practitioner;
- (b) any medical service provided by an approved medical practitioner to an insured person or any child of his or her household in conjunction with any dental treatment provided by a dentist to that person;
- (c) any medical service provided by an approved medical practitioner to a company carrying on the business of insurance of any kind in connection with which –
 - (i) an insured person (as defined in the Law) or any child of his or her household has been medically examined, and
 - (ii) a report thereon has been furnished to such company,in respect of which a fee or other remuneration is payable to the approved medical practitioner by such company;
- (d) any medical service provided by an approved medical practitioner in connection with which –
 - (i) an insured person or any child of his or her household has been medically examined,
 - (ii) such examination has been requested by the employer of the person examined, and
 - (iii) a report thereon will be received by such employer,in respect of which a fee or other remuneration is payable to the approved medical practitioner by such employer;
- (e) subject to the provisions of any agreement such as is referred to in Article 34 of the Law, any medical service provided by an approved medical practitioner which consists of a consultation held outside Jersey;
- (f) any medical service provided by an approved medical practitioner which consists of a consultation by telephone with an insured person or any child of his or her household;
- (g) any medical service (within the meaning of Article 20A of the Law) for which the Minister has entered into a contract under Article 20B of the Law; or
- (h) the supply of vaccines for which the Minister has entered into a contract under Article 20C of the Law.

4 Production of identity cards⁴

On each occasion when medical services are provided to an insured person any child of his or her household by an approved medical practitioner, the insured person's Identity Card shall be produced and shown to the medical practitioner.

5 Provisions as to the submission of accounts

- (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.⁵
- (2) Every account shall be submitted in duplicate to an insured person not later than the end of the month next following the month in which the medical services to which the account relates were provided:

Provided that where an approved medical practitioner has failed to submit an account to an insured person by the end of the period specified in this paragraph, it shall be treated as having been so submitted if the approved medical practitioner proves to the satisfaction of the Minister that there was good cause for such failure.⁶

- (3) ⁷

6 ⁸**7 Payment of accounts⁹**

- (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, through 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.

8 Claims for medical benefit¹⁰

- (1) Subject to the provisions of this Order, a claim for medical benefit shall be made not later than the last day of the sixth month next following the month in which the medical services to which the claim relates were provided, by delivering to the Social Security Department one receipted copy of the account relating to those medical services, duly completed:

Provided that where an approved medical practitioner has failed to submit an account or to return the receipted copies thereof within the periods specified in Article 5 or 7, as the case may be, but has satisfied the Minister that there was good cause for such failure, a claim for medical benefit in respect of the medical services to which that account relates may be made not later than 7 days after the last date by which the claim would otherwise have had to have been made.¹¹

- (2) Subject to the provisions of this Order, a person shall be disqualified for the receipt of medical benefit unless the person makes a claim therefor within the time and in the manner specified in this Order.

9 Information to be given when making a claim for medical benefit¹²

Every person who makes a claim for medical benefit shall, in addition to complying with the provisions of Article 7 or 8, as the case may be, furnish to the Minister such certificates, documents, information and evidence for the purpose of determining the claim as may be required by the Minister and, if reasonably so required, shall for that purpose attend at such office or place as the Minister may direct.

10 Amendment of claims

If an account delivered in connection with a claim for medical benefit has not been duly completed, the Minister may, in his or her discretion, return it to the claimant, and, if the account is returned duly completed within 14 days from the date on which it is so returned, the Minister may treat the account as if it had been duly completed in the first instance.

11 Late claims

If in any case a person fails to claim medical benefit by the date by which, in accordance with the provisions of Article 8, a claim for medical benefit is to be made, but proves that there is good cause for such failure, the Minister may treat the claim as if it had been duly made by that date:

Provided that the Minister shall not so treat any claim in respect of medical services provided more than 12 months before the date on which the claim is made.¹³

12 ¹⁴

13 Extinguishment of right to sums payable by way of medical benefit which are not obtained within the prescribed time¹⁵

- (1) The right to any sum payable by way of medical benefit shall be extinguished where payment thereof is not obtained within the period of 6 months from the date on which that sum is receivable in accordance with the following provisions of this Article:

Provided that in calculating the said period of 6 months no account shall be taken of –

- (a) any period during which a draft containing the sum is in the possession of the Minister or any post office or bank at which it is payable, other than a period after written notice has been given that the draft is available for collection;
 - (b) any period during which the Minister has under consideration any representation that a draft containing the sum has not been received or has been lost, mislaid or stolen;
 - (c) any period during which the person concerned is for the time being unable to act by reason of a lack of capacity within the meaning of Article 4 of the [Capacity and Self-Determination \(Jersey\) Law 2016](#), subject to the qualification that the total period disregarded on account of such inability to act shall not exceed one year; or
 - (d) any period during which the determination of any question as to such extinguishment is pending.¹⁶
- (2) For the purposes of this Article, a sum payable by way of medical benefit contained in a draft shall, subject to the provisions of paragraphs (3) and (4), be receivable –
 - (a) if the draft is sent through the post, on the date on which it would be delivered in the ordinary course of the post; and
 - (b) in any other case, on the date of issue of the draft.
- (3) In determining when a sum is receivable under the provisions of paragraph (2) or (3), the following provisions shall apply –
 - (a) if a person proves that through no fault of his or her own he or she did not receive any draft until a date later than the appropriate receivable date determined in accordance with the provisions of paragraph (2) or (3), the sum contained in the draft shall be receivable –
 - (i) on that later date, or
 - (ii) on the date which is 6 months after the said appropriate receivable date,whichever is the earlier;
 - (b) if a person proves that through no fault of his or her own he or she has not received any draft, the sum contained in the original draft shall be receivable –
 - (i) on the date determined in accordance with the provisions of paragraph (2) or (3) on the basis of the issue of any further draft in respect of that sum, or
 - (ii) on the date which is 6 months after the receivable date determined in accordance with the provisions of paragraph (2) or (3) on the basis of the original draft,whichever is the earlier;
 - (c) subject to the provisions of sub-paragraph (b), a sum which in accordance with the foregoing provisions of this Article was receivable on any date shall remain receivable on that date notwithstanding the issue, since that date, of a draft in respect of that sum or any part thereof.

- (4) Any sum payable by way of medical benefit to a person who is for the time being unable to act shall be receivable in accordance with the foregoing provisions of this Article, notwithstanding the person's inability to give a receipt therefor.

14 Recovery of amount of medical benefit from approved medical practitioner in certain circumstances

An insured person shall be entitled to recover from an approved medical practitioner the amount of any medical benefit which the insured person has become disqualified for receiving by reason of the failure on the part of the approved medical practitioner to comply with any of the requirements of Articles 5 and 7.

15 Approved medical practitioners leaving Jersey permanently to notify Minister

Where an approved medical practitioner proposes to leave Jersey permanently, he or she shall notify the Minister accordingly.

16 Withdrawal

An approved medical practitioner may at any time give notice to the Minister that he or she no longer wishes to be approved for the purposes of the Law, and, where such notice is given, the medical practitioner shall cease to be an approved medical practitioner at the expiration of 3 months from the date of such notice or of such shorter period as the Minister may agree:

Provided that if representations are made to the Minister under the provisions of Article 27 of the Law that the conduct of an approved medical practitioner has been such as to be prejudicial to the efficient administration of the Law or as to create an unreasonable charge on the Health Insurance Fund, the medical practitioner shall not, except with the consent of the Minister and subject to such conditions as the Minister may impose, be entitled to give notice under this Article pending the determination of the proceedings on such representations.

17 Persons unable to act¹⁷

- (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 29 of the [Mental Health \(Jersey\) Law 2016](#);
 - (b) does not have, acting on his or her behalf –
 - (i) a delegate appointed under Part 4 of the [Capacity and Self-Determination \(Jersey\) Law 2016](#), or
 - (ii) a person acting under the authority of a lasting power of attorney conferred under Part 2 of that Law; 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.¹⁸

- (2) However, such appointment shall terminate –
- (a) if the person is received into guardianship, or has appointed, in relation to him or her, such a person as mentioned in paragraph (1)(b) or a *tuteur*;
 - (b) at the request of the person seeking appointment;
 - (c) if revoked by the Minister; or
 - (d) if the claimant becomes able to act.¹⁹

18 Payments on death

- (1) On the death of a person who has made a claim for medical benefit or who is alleged to have been entitled to benefit, the Minister may appoint such person as he or she thinks fit to proceed with or to make a claim for the benefit, and the provisions of this Order shall apply, subject to the necessary modifications, to any such claim.
- (2) Subject to the provisions of paragraph (3), any sum payable by way of medical benefit on a claim proceeded with or made under paragraph (1) may be paid or distributed by or on behalf of the Minister to the executor or administrator, or to or amongst persons claiming as the legatees, heirs or creditors, of the deceased (or, where the deceased was illegitimate, to or amongst other persons) and the provisions of Article 13 shall apply to any such payment or distribution:
- Provided that the receipt of any such person who has attained the age of 16 years shall be a good discharge to the Minister and the Health Insurance Fund for any sum so paid.²⁰
- (3) Paragraph (2) shall not apply in any case unless written application for the payment of any such sum is made to the Minister within 4 months from the date of the deceased's death or within such longer period as the Minister may allow in any particular case.
- (4) The Minister may dispense with the strict proof of the title of any person claiming in accordance with the provisions of this Article.

19 Citation

This Order may be cited as the Health Insurance (Medical Benefit) (General Provisions) (Jersey) Order 1967.

SCHEDULE 1²¹

(Article 2)

HEALTH INSURANCE (JERSEY) LAW 1967

**FORM OF APPLICATION FOR APPROVAL FOR USE BY MEDICAL
PRACTITIONERS**

To: The Minister for Social Security,
(Address)

I,
of.....
being a registered medical practitioner within the meaning of the
[Medical Practitioners \(Registration\) \(Jersey\) Law 1960](#), apply for
approval in accordance with Article 26(1) of the [Health Insurance
\(Jersey\) Law 1967](#).

Signed.....

Date.....

SCHEDULE 2²²

(Article 5)

FORMS OF ACCOUNT TO BE SUBMITTED BY APPROVED MEDICAL PRACTITIONERS**PART 1****FRONT**

--

To Professional Services rendered during the month..... 20....

Space for Doctor's Receipt		The Sum of.....	£
		To Account Rendered	£
		Total Attendances (in words)
Insured Person	Child of the household	FOR OFFICIAL USE visits <div style="text-align: right;"> _____ _____ </div>	
Instructions for the Insured Person are printed overleaf		Date Voucher No.	

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 SECURITY DEPARTMENT,
32 LA MOTTE STREET,
ST. HELIER,
JERSEY, C.I.

You must complete this section.

Forename(s).....

Health Insurance Number

Surname.....

(Block letters please)

I claim medical benefit in respect of medical practitioner's professional services as shown overleaf.

Signature.....

Date.....

Either: Bring the receipted white copy of this account together with your Benefits Card to the above address when a cash refund will be given.

Or Post both copies of this account (with the white copy receipted) to the above address when a refund will be forwarded by cheque. Do not enclose your Benefits Card.

For cash refunds only (to be completed at the time of refund).

Received the sum of £ in respect of medical benefit detailed overleaf.

Signature.....

Address (if not insured person or child of the household).

.....

.....

PART 2

FRONT

<i>RECEIPT</i>	Out of date for medical benefit	Accounts rendered	Month	No. of consultations	Gross Fees	Medical Benefit	Net Fees
					.		.
					.	.	.
					.	.	.
					.	.	.
					.	.	.
					.	.	.
					.	.	.
					.	.	.
					.	.	.
To professional services...					.	.	.
To inclusive fee for attendances at confinement and 7 days following					.	.	.
TOTALS					.	.	.
<i>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.</i>					➔	.	

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.

Signature: Date:

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.

ENDNOTES

Table of Legislation History

Legislation	Year and No	Commencement
Health Insurance (Medical Benefit) (General Provisions) (Jersey) Order 1967	R&O.5003	4 December 1967
Health Insurance (Medical Benefit) (General Provisions) (Amendment) (Jersey) Order 1967	R&O.5167	13 November 1968
Health Insurance (Medical Benefit) (General Provisions) (Amendment No. 2) (Jersey) Order 1970	R&O.5315	11 February 1970
Health Insurance (Medical Benefit) (General Provisions) (Amendment No. 3) (Jersey) Order 1970	R&O.5412	30 September 1970
Health Insurance (Medical Benefit) (General Provisions) (Amendment No. 4) (Jersey) Order 1970	R&O.5441	4 November 1970
Health Insurance (Medical Benefit) (General Provisions) (Amendment No. 5) (Jersey) Order 1971	R&O.5470	27 January 1971
Health Insurance (Medical Benefit) (General Provisions) (Amendment No. 6) (Jersey) Order 1974	R&O.5978	1 July 1974
Health Insurance (Medical Benefit) (General Provisions) (Amendment No. 7) (Jersey) Order 1980	R&O.6835	1 September 1980
Health Insurance (Medical Benefit) (General Provisions) (Amendment No. 8) (Jersey) Order 1992	R&O.8484	16 November 1992
States of Jersey (Amendments and Construction Provisions No. 8) (Jersey) Regulations 2005	R&O.48/2005	9 December 2005
Health Insurance (Consequential Amendments) (Jersey) Order 2008	R&O.15/2008	28 January 2008
Health Insurance (Medical Benefit) (General Provisions) (Amendment No. 9) (Jersey) Order 2017	R&O.93/2017	12 September 2017
Mental Health and Capacity (Consequential Amendment and Transitional Provision) (Jersey) Regulations 2018	R&O.49/2018	1 October 2018 (R&O.51/2018)

Table of Renumbered Provisions

Original	Current
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Original	Current
1(2)	spent, omitted from this revised edition
12A	13
12A(3)	spent, omitted from this revised edition
12A(4)	13(3)
12A(5)	13(4)
13	14
14	15
15	16
16	17
17	18
18	19
FIRST SCHEDULE	SCHEDULE 1
SECOND SCHEDULE	SCHEDULE 2
PART I	PART 1
PART II	PART 2
PART III	PART 3

Table of Endnote References

¹	<i>This Order has been amended by the States of Jersey (Amendments and Construction Provisions No. 8) (Jersey) Regulations 2005. The amendments replace all references to a Committee of the States of Jersey with a reference to a Minister of the States of Jersey, and remove and add defined terms appropriately, consequentially upon the move from a committee system of government to a ministerial system of government</i>
² Article 1(1)	<i>amended by R&O.5470, R&O.15/2008</i>
³ Article 3	<i>substituted by R&O.5167, amended by R&O.6835, R&O.8484, R&O.15/2008, R&O.93/2017</i>
⁴ Article 4	<i>amended by R&O.15/2008</i>
⁵ Article 5(1)	<i>substituted by R&O.15/2008; former paragraph amended by R&O.5167, R&O.5978</i>
⁶ Article 5(2)	<i>amended by R&O.5167, R&O.5412</i>
⁷ Article 5(3)	<i>deleted by R&O.15/2008</i>
⁸ Articles 6 and 7	<i>substituted by R&O.15/2008 [new Article 7 only]; former Article 6(5) inserted by R&O.5978</i>
⁹ Article 7	<i>substituted by R&O.15/2008; former Article 7 amended by R&O.5978</i>
¹⁰ Article 8	<i>substituted by R&O.5167</i>
¹¹ Article 8(1)	<i>amended by R&O.5315, R&O.5978</i>
¹² Article 9	<i>amended by R&O.15/2008</i>
¹³ Article 11	<i>amended by R&O.5315, R&O.5978</i>
¹⁴ Article 12	<i>deleted by R&O.15/2008</i>
¹⁵ Article 13	<i>inserted by R&O.5470</i>
¹⁶ Article 13(1)	<i>amended by R&O.49/2018</i>
¹⁷ Article 17	<i>substituted by R&O.15/2008</i>
¹⁸ Article 17(1)	<i>amended by R&O.49/2018</i>
¹⁹ Article 17(2)	<i>amended by R&O.49/2018</i>
²⁰ Article 18(2)	<i>amended by R&O.5470, R&O.15/2008</i>
²¹ Schedule 1	<i>amended by R&O.5167</i>

²² *Schedule 2*

substituted by R&O.15/2008; former Schedule substituted by R&O.5167, amended by R&O.5315, R&O.5441, R&O.5978