

Your Guide to Funding Your Therapy

Welcome to Air Liquide Healthcare, your homecare respiratory supplier. We look forward to getting to know you and hope that we can help make your new therapy journey as smooth and as seamless as possible.

Please find some useful information to help you understand what you might need to do to avail of some/all reimbursement for your monthly therapy rental expenses.

The cost of your private therapy rental on (date) is € per month (inclusive of VAT).

What is the DPS?

DPS refers to **Drugs Payment Scheme**

The Drugs Payment Scheme (DPS) is a system whereby you or your family/household can reclaim the cost of your prescribed medical treatments such as the following:

- Approved prescribed drugs and medicines
- Rental costs for a continuous positive airway pressure (CPAP) machine
- Rental costs for oxygen
- Rental costs for ventilation therapy

The scheme applies if you and/or your family are paying more than € a month.

At time of going to print (May 2026) the threshold is any expense above €80.

This threshold applies to prescriptions from the chemist as well as our equipment each month.

- If you already spend over the threshold in the Pharmacy on prescriptions you should be able to claim all of the rental for our equipment back as a refund
- To claim back you must fill in the attached form for each month you are claiming along with our receipts and the receipts from the chemist

If you have a medical card, you do not need a DPS card.

I don't have a DPS card?

If you do not have a medical Card, you can apply for a Drugs Payment Card.

You can apply for the Drugs Payment Scheme on their Application Form (DPS) online, by post or by email.

This is an easy process and you will need your

Your e-mail address

Your PPS number

Your date of birth

To apply online visit <https://www.mydps.ie/>

Please also find the links to the DPS Application form below:

https://assets.hse.ie/media/documents/DPS_form.pdf

https://assets.hse.ie/media/documents/DPS_application_form_Irish_version_qPAVMS1.pdf

Who can apply?

If you have a [medical card](#) you should have [reduced prescription charges](#) and so you are **not eligible** for the Drug Payment Scheme.

There is no means test for a DPS card.

The scheme is based on the monthly cost of prescription drugs, medicines and certain appliances for you and:

- Your spouse or partner
- Your children if they are aged under 18 (or under 23 if in full-time education)
- A family member with a physical or intellectual disability or mental illness who cannot maintain themselves fully. You need to include a medical report for the family member who cannot maintain themselves

Anyone over the age of 18 not in full-time education must apply for their own card.

If you are unsure if this applies to you, a quick call to the DPS team should be able to help.

How to use the DPS card?

Once you pay for your monthly treatment and receive your receipt by post/email, you should complete the DPS claim form and submit it to the HSE Drugs Payment department. You will need to send a copy of your receipt with the form and labelled '**DPS Refunds - All Services**'.

https://assets.hse.ie/media/documents/Drugs_Payment_Scheme_refund_form..pdf

www.drugspayment.ie

You should use this form if **you or your family** have paid in excess of the Drugs Payment Scheme monthly threshold.

See attached sample of partially completed form for guidance.

You can contact the DPS team directly to discuss your individual situation.

Drugs Payment Scheme Refund Claim Form DPSR1

The simplest way to get your Payments refunded online is to log into: www.mydps.ie

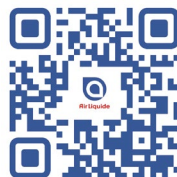
This will allow you to submit your receipts as and when you get them.

The address of where to post your claim too:

**'DPS Refunds – All Services',
PO Box 12012
Dublin 11**

Alternatively scan your full application to

PCRS.PublicRefunds@hse.ie



Any questions, please do not hesitate to contact our Accounts team directly on credcoie@airliquide.ie or call us on **1800 24 02020** (select option Accounts team).

Air Liquide Healthcare will support you when getting your claims filed.

If you are running into any difficulty with making regular payments or your payment status changes (eg. you have been awarded a medical card) or address has changed, please contact us so we can update our records and try to help you.

Upon payment of any invoice with Air Liquide Healthcare we will post or email you an invoice marked Paid which will allow you to submit your claims to the DPS scheme. You must fill in a claim form for each month and submit it to the HSE with a receipt from the Chemist and a receipt for ourselves for that calendar month. This can then be sent to the HSE for you to receive your refund.

At first it may be useful to partially complete a form excluding the date. Take a copy. You can use this as a template for your future claims. All receipts need to be submitted with the form to make this process more efficient.



Information and Data Protection Notice

Follow instructions

1. From 1st March 2011, refund claims from a person or family group registered under the Drugs Payment Scheme (DPS) who opt to use more than one pharmacy will have their refund claims processed centrally through the Primary Care Reimbursement Service (PCRS).
2. **A family group is you, your spouse / partner, and your children under 18 and/or dependants under 23 years who are in full time education.**
3. **You must be registered under the Drugs Payment Scheme to claim a refund. DPS Application forms are available from your Local Health Office or online at www.drugspayment.ie**
4. Where a family group uses a single pharmacy each month they should not pay more than the monthly DPS co-payment amount.
5. **If your family has visited more than one pharmacy and has paid more than the monthly co-payment, the HSE will process your claim based on the information you provide from your pharmacy. Refunds will be paid at the approved HSE Drugs Payment Scheme (DPS) prices as reimbursed to pharmacies by the HSE. Confirmation receipt of items dispensed from your pharmacies must be attached to your claim. The full list of reimbursable items is available online at www.hse.ie/eng/staff/pcrs/items**
6. Claims which arise from using a community pharmacy and from using an approved service provided by a supplier other than a community pharmacy e.g. CPAP/Oxygen, will also be processed centrally through the PCRS. These claims must be accompanied by a confirmation receipt of co-payment to a community pharmacy where such applies in the calendar month and a copy of the supplier's invoice.
7. If you consider that you are eligible for a refund, please apply to the HSE on this claim form.
8. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Part 1: Applicant's Details – Please use BLOCK CAPITALS

Drugs Payment Scheme Number:	1	2	3	4	5	6	7	8	9	1	Address
PPS Number:											1:
* First Name:											2:
Surname:											3:
Daytime/Mobile Ph No:											Town:
E-mail address:											County:

Part 2: Refund Claim Details for One Month

Insert the Month where the DPS amount paid by your family was in excess of the co-payment amount, e.g. Mar 2011:	<i>eg. March 2025</i>
* Is this claim in respect of the direct supply of a service/item other than a service/item from a community pharmacy e.g. CPAP/Oxygen	Please tick appropriate box:
If 'Yes' insert supplier's name: <i>Air Liquide Healthcare</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

On each line as required, insert the DPS number of each family member who paid in the month concerned. Insert the number of the pharmacy (available from the pharmacy), date dispensed, and confirm receipt attached. See the example in the notes provided on the back of this form.

DPS Card Number										Pharmacy Number	Date Dispersed	Confirmation receipt of items dispensed is attached (Yes)
1.	1	2	3	4	5	6	7	8	9	NA	March 2025	Yes
2.												
3.												
4.												
5.												

Part 3: Declaration

I declare that all the details stated on this claim form are complete, true and correct. I also declare that I/my family has paid for all of the drugs/medicines/service set out in this claim and that this is the only DPS Refund claim submitted by me/my family in respect of this month. I give consent to the HSE to make appropriate enquiries with those involved in the prescription and supply of these medicines/service for the purpose of considering my application.

Notice: A person who knowingly makes a false statement, conceals any material fact or produces false documents is liable to a fine up to €127 or to imprisonment for up to three months, or both a fine and imprisonment. (Section 75, Health Act, 1970).

*

Signature:	Dated:	D	D	M	M	Y	Y	Y	Y
------------	--------	---	---	---	---	---	---	---	---

Frequently Asked Questions

When Should I Use This Form?

- If you or your family has opted to use more than one pharmacy and have paid in excess of the Drugs Payment Scheme monthly co-payment amount for the month. Note: In this circumstance your claim should be labelled '**DPS Refunds – Community Pharmacy**'.
- If you or your family has received items from your community pharmacy and from an approved service provided by a supplier other than a community pharmacy e.g. CPAP/Oxygen. Note: In this circumstance your claim should be accompanied by a confirmation receipt of co-payment to a community pharmacy and a copy of the supplier's invoice and labelled '**DPS Refunds – All Services**'.

Do I have to be registered under the Drugs Payment Scheme to claim a refund?

Yes, patients must be registered under the Drugs Payment Scheme. Application forms are available at your Local Health Office or on www.drugspayment.ie.

Can I Avoid Refund Claiming?

Refunds can be avoided altogether if your family uses a single pharmacy in the month. In that case you should not pay more than the monthly co-payment amount.

Where Can I Get a Copy of this Claim Form?

This form is available on www.drugspayment.ie or at your Local Health Office or by calling 0818 224478.

Where Do I Send Refund Claims?

Refund claims should be sent to:

'DPS Refunds – Community Pharmacy' or 'DPS Refunds – All Services',
PO Box 12012, Dublin 11.

Alternatively scan your full application to PCRS.PublicRefunds@hse.ie

Where Can I Get Assistance with this Form?

At your Local Health Office or by calling 0818 224478.

Notes: How To Fill This Drugs Payment Scheme Refund Claim Form

Part 1: Applicants Details:

- Please carefully insert the DPS number and the PPS number.
- If your address has changed since you got your Drugs Payment Scheme card then please enclose a copy of a recent utility bill with your claim to verify your new address.
- Please supply daytime/mobile number in the event that we need to contact you regarding your claim. This will be used for the sole purpose of contacting you regarding your refund claim. We may use your mobile number to send you a SMS in relation to the processing of your claim. You can review the HSE-PCRS' privacy statement online at www.pcrs.ie

Part 2: Refund Claim Details:

- Complete this part as per this example.

*

DPS Number										Pharmacy No.*					Date			Confirmation receipt of items dispensed is attached (Yes)	
1.	0	1	2	3	4	5	6	W	A	1	2	3	4	5	DD	MM	YY	YES ✓	<i>Attach receipt</i>
2.	5	6	5	3	4	5	6	W	B	9	7	8	6	5	DD	MM	YY	YES	

(* Please ask the pharmacy that dispensed your prescription for this number.

Part 3: Declaration: Please read this declaration carefully and when you are satisfied that the details on the claim form are correct, sign and date it accordingly.



Information and Data Protection Notice

1. From 1st March 2011, refund claims from a person or family group registered under the Drugs Payment Scheme (DPS) who opt to use more than one pharmacy will have their refund claims processed centrally through the Primary Care Reimbursement Service (PCRS).
2. **A family group is you, your spouse / partner, and your children under 18 and/or dependants under 23 years who are in full time education.**
3. **You must be registered under the Drugs Payment Scheme to claim a refund. DPS Application forms are available from your Local Health Office or online at www.drugspayment.ie**
4. Where a family group uses a single pharmacy each month they should not pay more than the monthly DPS co-payment amount.
5. **If your family has visited more than one pharmacy and has paid more than the monthly co-payment, the HSE will process your claim based on the information you provide from your pharmacy. Refunds will be paid at the approved HSE Drugs Payment Scheme (DPS) prices as reimbursed to pharmacies by the HSE. Confirmation receipt of items dispensed from your pharmacies must be attached to your claim. The full list of reimbursable items is available online at www.hse.ie/eng/staff/pcrs/items**
6. Claims which arise from using a community pharmacy and from using an approved service provided by a supplier other than a community pharmacy e.g. CPAP/Oxygen, will also be processed centrally through the PCRS. These claims must be accompanied by a confirmation receipt of co-payment to a community pharmacy where such applies in the calendar month and a copy of the supplier's invoice.
7. If you consider that you are eligible for a refund, please apply to the HSE on this claim form.
8. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Part 1: Applicant's Details – Please use BLOCK CAPITALS

Drugs Payment Scheme Number:																		Address
PPS Number:																		1:
First Name:																		2:
Surname:																		3:
Daytime/Mobile Ph No:																		Town:
E-mail address:																		County:

Part 2: Refund Claim Details for One Month

Insert the Month where the DPS amount paid by your family was in excess of the co-payment amount, e.g. Mar 2011:	
Is this claim in respect of the direct supply of a service/item other than a service/item from a community pharmacy e.g. CPAP/Oxygen? If 'Yes' insert supplier's name:	Please tick appropriate box: Yes <input type="checkbox"/> No <input type="checkbox"/>

On each line as required, insert the DPS number of each family member who paid in the month concerned. Insert the number of the pharmacy (available from the pharmacy), date dispensed, and confirm receipt attached. See the example in the notes provided on the back of this form.

DPS Card Number	Pharmacy Number	Date Dispensed	Confirmation receipt of items dispensed is attached (Yes)
1.			
2.			
3.			
4.			
5.			

Part 3: Declaration

I declare that all the details stated on this claim form are complete, true and correct. I also declare that I/my family has paid for all of the drugs/medicines/service set out in this claim and that this is the only DPS Refund claim submitted by me/my family in respect of this month. I give consent to the HSE to make appropriate enquiries with those involved in the prescription and supply of these medicines/service for the purpose of considering my application.

Notice: A person who knowingly makes a false statement, conceals any material fact or produces false documents is liable to a fine up to €127 or to imprisonment for up to three months, or both a fine and imprisonment. (Section 75, Health Act, 1970).

Signature:	Dated:	D	D	M	M	Y	Y	Y	Y
------------	--------	---	---	---	---	---	---	---	---

Frequently Asked Questions

When Should I Use This Form?

1. If you or your family has opted to use more than one pharmacy and have paid in excess of the Drugs Payment Scheme monthly co-payment amount for the month. Note: In this circumstance your claim should be labelled **'DPS Refunds – Community Pharmacy'**.
2. If you or your family has received items from your community pharmacy and from an approved service provided by a supplier other than a community pharmacy e.g. CPAP/Oxygen. Note: In this circumstance your claim should be accompanied by a confirmation receipt of co-payment to a community pharmacy and a copy of the supplier's invoice and labelled **'DPS Refunds – All Services'**.

Do I have to be registered under the Drugs Payment Scheme to claim a refund?

Yes, patients must be registered under the Drugs Payment Scheme. Application forms are available at your Local Health Office or on www.drugspayment.ie.

Can I Avoid Refund Claiming?

Refunds can be avoided altogether if your family uses a single pharmacy in the month. In that case you should not pay more than the monthly co-payment amount.

Where Can I Get a Copy of this Claim Form?

This form is available on www.drugspayment.ie or at your Local Health Office or by calling 0818 224478.

Where Do I Send Refund Claims?

Refund claims should be sent to:

'DPS Refunds – Community Pharmacy' or 'DPS Refunds – All Services',
PO Box **12012**, Dublin 11.

Alternatively scan your full application to PCRS.PublicRefunds@hse.ie

Where Can I Get Assistance with this Form?

At your Local Health Office or by calling 0818 224478.

Notes: How To Fill This Drugs Payment Scheme Refund Claim Form

Part 1: Applicants Details:

1. Please carefully insert the DPS number and the PPS number.
2. If your address has changed since you got your Drugs Payment Scheme card then please enclose a copy of a recent utility bill with your claim to verify your new address.
3. Please supply daytime/mobile number in the event that we need to contact you regarding your claim. This will be used for the sole purpose of contacting you regarding your refund claim. We may use your mobile number to send you a SMS in relation to the processing of your claim. You can review the HSE-PCRS' privacy statement online at www.pcrs.ie

Part 2: Refund Claim Details:

1. Complete this part as per this example.

DPS Number										Pharmacy No.*					Date	Confirmation receipt of items dispensed is attached (Yes)	
1.	0	1	2	3	4	5	6	W	A		1	2	3	4	5	DD MM YY	YES
2.	5	6	5	3	4	5	6	W	B		9	7	8	6	5	DD MM YY	YES

(*) Please ask the pharmacy that dispensed your prescription for this number.

Part 3: Declaration: Please read this declaration carefully and when you are satisfied that the details on the claim form are correct, sign and date it accordingly.