

Day-to-Day Medical Expenses

Claim Form



Section 1: Your contact details

Please complete all the boxes using blue or black ink.

Policy Holder's/Member's Name and Address:

Policy Numbers:

1. Home Contact Number:

2. Mobile Contact Number:

3. Email Address: _____

Please note the address you provide here is used purely for data validation purposes. If you need to update your contact details or membership/personal data, please contact our Customer Service Helpline at **1890 44 44 44**.

By providing your mobile number you agree to receive SMS text updates on the status of this claim.

Section 2: Your payment details

Current Account Name: _____

International Bank Account Number:

Bank Identifier Code:

Bank/Building Society Name and Address: _____

Section 3: Persons covered on your policy

Please complete the first name (including assumed name/s), surname and date of birth for each person for whom you are claiming including the Policyholder, where relevant.

First Name	Assumed Name/s	Surname	Date of Birth (DD MM YY)
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>



Section 4: Other insurance details

In accordance with the Claims Section of your Rules, Terms and Conditions, if other insurance is held that would provide benefit for any of the receipts being claimed you must tell us. Please indicate below:

4.1 Is other insurance held which would cover any of these receipts? Yes ☐ No ☐

If yes, please give details of:

4.2 Other Policy/policies held: _____

4.3 Detail other insurers liability for each receipt submitted: _____

Section 5: Emergency Dental (Only to be completed when making a claim for emergency dental treatment)

5.1 Date of the accident to which your claim refers:

Please note this benefit is not applicable on all plans.

Section 6: Declaration

Data Protection and Consent

The personal data and sensitive personal data that you provide to the Vhi Group ("Vhi") in this Claim Form, or which you authorise third parties to provide, will be used within the Vhi group of companies for claims processing, claims auditing (including clinical and billing audits), policy administration and customer care purposes. Data may also be used for statistical analyses and the detection and prevention of fraud. We may share your data with trusted third parties who process data or conduct clinical and/or billing audits on our behalf, inside and outside of the European Economic Area. We may also share your data with other insurers to verify your cover, and with state bodies as required by law. Clinical audit is a clinically led quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and to act to improve care where standards are not met.

You have the right, subject to certain exemptions, to access any of your personal data that we hold (for which we may charge you a small fee) and to have inaccuracies corrected. If you wish to avail of these rights, please write to the Data Protection Officer, Vhi House, 20 Lower Abbey Street, Dublin 1.

Vhi's Data Protection Statement contains a further detailed breakdown of the personal data we collect in relation to our customers and how we use that personal data. The Data Protection Statement can be found at www.vhi.ie or should you wish to contact us on **1890 44 44 44**, you can request a hard copy.

Declaration: I declare that the expenses, details of which are submitted with this form, were incurred by me and/or members covered under my policy in respect of services received during the insurance period stated below. I authorise and request any hospital, specialist, physician or other health provider to furnish Vhi with such information as Vhi may seek from them in connection with any treatment or other services provided to me or my dependants for the purpose of Vhi considering this claim. I have examined and accept the accounts submitted in respect of this claim and I declare that these accounts have not been altered or amended in any way.

PLEASE NOTE: IF A CLAIM SUBMITTED BY, OR ON BEHALF OF, A MEMBER IS CONSIDERED BY VHI TO BE FRAUDULENT OR DISHONEST AND SUBMITTED WITH A VIEW TO OBTAINING A BENEFIT UNDER A POLICY, NO BENEFITS WILL BE PAYABLE AND THE POLICY WILL BE CANCELLED.

Please indicate the dates of your insurance year to which this claim relates: to

X Policy Holder's/Member's Signature (You must sign here)

Please check that you have entered your Policy Number.

Date:

Vhi Insurance Limited trading as Vhi Insurance is regulated by the Central Bank of Ireland.

The benefit payable for each treatment type is outlined in your Table of Benefits sent to you at renewal and in accordance with the Rules - Terms and Conditions available at Vhi.ie or on request.

Please note the following:

- **Your claim must be submitted within 3 months of the end of your annual contract.**
- An annual excess will be applied to each member's claim. The amount of the excess deducted will depend on the cover held by the member at the renewal date prior to treatment.
- In order to assess receipts, please ensure that each receipt being claimed indicates the following necessary detail: patient name, date of service, charge, treatment carried out and full practitioner name and contact details.
- Please indicate in Section 7 the number of receipts being submitted with your claim for each treatment type.

Section 7: Treatment types and number of receipts

PLEASE INDICATE THE NUMBER OF RECEIPTS SUBMITTED FOR EACH TREATMENT TYPE.

GP Visits	No. of Receipts	Charges incurred for visits to a medical practitioner with a current full registration with the Irish Medical Council, who holds a primary medical qualification.
Dental Visits	No. of Receipts	Charges incurred for visits to a Dental Practitioner with a current full registration with the Irish Dental Council, who holds a primary dental qualification. He/she is community based and provides dental care.
Physiotherapy	No. of Receipts	Charges incurred for visits to a Physiotherapist as part of a once-off or regular treatment arising from a medical condition. The Physiotherapist must be a member of the Irish Society of Chartered Physiotherapists.
Complementary Therapies	No. of Receipts	Where treatment is provided by a Dietician, Occupational Therapist, Podiatrist/Chiropodist, Speech Therapist and/or Clinical Psychologist as defined in your Rules - Terms and Conditions.
Alternative Therapies	No. of Receipts	Where treatment is provided by an Acupuncturist, Chiropractor, Osteopath, Reflexologist or Physical Therapist as defined in your Rules - Terms and Conditions.
A&E Levy	No. of Receipts	Charges incurred from visits to an Accident and Emergency Department in respect of the out-patient levy.
Optical (Eye Tests, Glasses/Lenses)	No. of Receipts	Charges incurred for eye tests and/or prescription spectacles and contact lenses. Eye tests must be carried out by an Optometrist registered with the Opticians Board or by an Ophthalmic Surgeon or Ophthalmic Physician registered with Vhi.
Screening	No. of Receipts	Charges incurred for specified medical tests or investigations, which are designed to identify certain characteristics, or the presence of or susceptibility to a particular disease or condition.
Hearing Tests	No. of Receipts	Charges incurred for a hearing test carried out by an Audiologist who is registered with the Irish Society of Audiology or the Irish Society of Hearing Aid Audiologists.
Travel Vaccination	No. of Receipts	Charges incurred for travel vaccines (as defined in your Rules - Terms and Conditions) administered by a GP, Consultant or Nurse in preparation for travel abroad.
Baby Massage Classes	No. of Receipts	Charges incurred for attending baby massage classes which are carried out by members of the International Association of Infant Massage within one year of the birth of your child.
Consultant Paediatrician	No. of Receipts	Charges incurred for the first visit of your child to a Consultant Paediatrician within one year of the birth.
Child Counselling	No. of Receipts	Charges incurred for visits by a member who is under the age of 16 and has been referred by a GP or Consultant to a Clinical Psychologist registered with the Psychological Society of Ireland.

Consultant Visits	No. of Receipts	Charges incurred for visits to a Consultant who has a current full registration with the Irish Medical Council and fulfils the requirements as defined in your Rules - Terms and Conditions.
Consultant Pathologist Fees	No. of Receipts	Charges incurred for Consultant Pathologist fees.
Consultant Radiologist Fees	No. of Receipts	Charges incurred for Consultant Radiologist fees.
Pathology Technical Charges	No. of Receipts	Charges incurred for pathology tests other than consultant pathology fees in an approved Out-patient Centre.
Radiology Technical Charges	No. of Receipts	Charges incurred for radiology tests other than consultant radiology fees in an approved Out-patient Centre. Please note MRI claims should be submitted on a different claim form that is available at www.vhi.ie
Pre- & Post-Natal Care	No. of Receipts	Pre- and post-natal care services carried out by a GP, Consultant or Midwife (as defined in your Rules - Terms and Conditions) in the year of the birth.
Clinical Psychologist Visits	No. of Receipts	Charges incurred for clinical psychology visits to a Clinical Psychologist who is a member of the Psychological Society of Ireland.
Dean Clinic Mental Health Assessment	No. of Receipts	Charges incurred for the cost of a mental health assessment in an approved Dean Clinic centre.
Dean Clinic Mental Health Therapy	No. of Receipts	Charges incurred for the cost of a mental health therapy session in an approved Dean Clinic centre.
Foetal Screening	No. of Receipts	Charges incurred for chorionic villus sampling, amniocentesis and cordocentesis.
Ante-Natal Day Course	No. of Receipts	Charges incurred by members for attending an approved ante-natal course over a single day to help them prepare for the birth of their child. Courses must be given by a qualified Midwife as defined in your Rules - Terms and Conditions.
Breastfeeding Consultations	No. of Receipts	Charges incurred for a member's consultation session with a qualified Midwife (as defined in your Rules - Terms and Conditions) within one year of the birth of your child.
Voice Coaching	No. of Receipts	Charges incurred for voice coaching visits to a Voice Coach who is a member of the Irish Voice Association.
Post-Natal Home Help	No. of Receipts	Charges incurred for Home Help carried out by a recognised Vhi provider - see Pre- & Post-Natal Support link in Vhi.ie/downloads .
Emergency Dental Treatment	No. of Receipts	Charges incurred for visits to a Dental Practitioner as defined in your Rules - Terms and Conditions. Treatment must be for an injury caused by an accident and treatment must be received within 24 hours of the accident taking place.

The benefits listed above are not available on all plans.

The benefit payable for each treatment type is outlined in your Table of Benefits sent to you at renewal and in accordance with the Rules - Terms and Conditions available at www.vhi.ie or on request.

Your claim must be submitted within 3 months of the end of your annual contract.

Please note that an annual excess will be applied to each member's claim. The amount of the excess deducted will depend on the cover held by the member at the renewal date prior to treatment.

Guidelines to Completing Claim Form

Section 1 - Your contact details

Please complete your personal contact details in full.

Section 2 - Your payment details

To ensure prompt payment of your claim, we can arrange to make payment directly into your bank account, provided you complete your bank account details. If you do not provide these details or if you provide us with incorrect bank details we will pay you by cheque.

Section 3 - Persons for whom you are claiming

Please complete this section with the name and date of birth of the person/persons for whom you are claiming. If assumed names are used on any invoices, ensure you give the assumed names on the claim form as without this information such invoices are not payable.

Section 4 - Other insurance details

Complete details of other insurance held where relevant.

Section 5 - Emergency dental treatment

Where emergency dental treatment is being claimed, please give date of accident.

Section 6 - Declaration

Please ensure that you sign and date your claim form. Incomplete claim forms will be returned, so take a moment to ensure that all sections have been fully completed.

Section 7 - Treatment types and number of receipts

This section lists and provides you with a brief explanation of the day-to-day medical expenses covered by our range of plans. Please review the list of receipt types and if applicable complete the number of receipts in the box provided.

The cover you have depends on the plan you hold. If you would like information on the benefit provided by your plan please refer to your Table of Benefits and Rules - Terms and Conditions. You can download a copy of the latest Rules - Terms and Conditions on www.vhi.ie/downloads or request a copy from us. Please indicate the number of receipts included with the claim for each treatment type.

Benefits payable are those applicable to the renewal year for which you are claiming.

We require original receipts to process your claim and unfortunately we do not return originals. **Therefore, we advise that you keep a copy of your receipts.** Your local tax office will accept your Vhi benefit statement, instead of your original receipts if you are making a Med1 claim.

Checklist

- ☒ Sign and date your claim form.
- ☒ Complete each section of the claim form in full.
- ☒ Attach original receipts.

Please return the completed form together with your receipts to:

Vhi
PO Box 11530
Dublin 18

