

Maternity Claim Form

Non Direct Payment



Section 1: Hospital Details - for completion by Policy Holder/Member (Please place 'X' in required boxes)

All receipts will not be returned you may wish to retain copies prior to submission.

1.1 Hospital Name: _____

1.2 Hospital Address: _____

1.3 Date of Admission/Service Start Date: 1.4 Time of Admission: :

1.5 Date of Discharge/Service End Date: 1.6 Time of Discharge: :

1.7 Hospital Invoice Value: €

1.8 Hospital Admission (Please provide details of all accommodation occupied during admission).

Type of Ward:	Please 'X'	Ward Name/Number:	Room Name/Number:	Bed Number:	Number of Beds in Room:	Number of Days:
Private Room	<input type="checkbox"/>					
Semi-Private Room	<input type="checkbox"/>					
Public Ward	<input type="checkbox"/>					

Section 2: Policy Details - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

2.1 Quote Policy No. Here:

2.2 Policy Holder's Name: _____

2.6 Patient's Name: _____

2.3 Policy Holder's Address: _____

2.7 Patient's Date of Birth:

2.8 Contact Telephone No.: _____

2.9 Email Address: _____

2.4 Is this the Policy Holder's permanent address? Yes No

2.5 If in a public ward, did you elect to be a private/semi-private patient of the admitting consultant? Yes No

Section 3: Inclusion of New Born Child - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

On completion of this section, your child will be insured without restriction or waiting period from date of birth.

3.1 First Name of Child: _____ Surname of Child: _____ Date of Birth: Gender: _____ Relationship to Policy Holder: _____
Male: Female:
 Male: Female:

3.2 Do you wish to include your child(ren) on your Vhi hospital policy? Yes No

Section 4: Home Birth - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

4.1 Was this a Home Birth? Yes No

4.2 Have birth certificate(s) been included for your child(ren)? Yes No

4.3 Number of receipts included: 4.4 Invoice Value: €



Section 5: Policy Holder/Member Authorisation

I declare that the foregoing statements are true in every respect. I authorise the consultant/hospital concerned to supply all necessary information to Vhi Healthcare including, if requested, copies of my hospital/medical records. I also authorise Vhi Healthcare to pay the appropriate benefits for services provided to the consultants concerned. I understand that details of these amounts will be included in my Vhi Healthcare statement of payment, and I will contact Vhi Healthcare directly with any queries. Charges which are not eligible for benefit will remain my responsibility to settle directly with the hospital or consultants concerned.

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

Date:

Please check that you have entered your Policy Number

DATA PROTECTION NOTICE - The information you provide becomes part of the personal data held by Vhi Healthcare and is automated. It is used for the payment of claims and for the provision and administration of health insurance products and related services. Full details of the Vhi Healthcare's use of personal data appear in the public register held by the Data Protection Commissioner.

Section 6: Midwife Declaration

I hereby certify that I attended this patient for a Home Birth.

X Midwife's Signature _____

Bord Altranais Registration No.:

Date:

(You must sign here)

Midwife's Address: _____

Section 7: Delivery Details - for completion by the Admitting/Attending Consultant (Please place 'X' in required boxes)

7.1 Patient's Name: _____

7.2 Consultant's Name and Address: _____

7.3 Please 'X' whichever is appropriate: Vaginal Delivery Caesarean Section

7.4 Date of Delivery:

7.5 Time of Delivery: :

7.6 Time of Induction: :
(if applicable)

7.7 Medical reason for induction: _____

7.8 Anaesthesia: General Epidural Both 7.9 Were there any complications? Yes No

7.10 Please provide details of any significant complication which led to the patient being detained in hospital: _____

7.11 Has a supplementary report been provided? Yes No

Section 8: Other Services - for completion by the Admitting/Attending Consultant (Please place 'X' in required boxes)

8.1 Did you request other consultant(s) services? Yes No

8.2 Consultant(s) name(s) in full: _____

Section 9: Discharge Status - for completion by the Admitting/Attending Consultant (Please place 'X' in required boxes)

9.1 Home Transfer to another hospital

Section 10: Consultant Declaration

I hereby certify that the treatment specified was necessitated by the condition described by me above, and that the full stay in hospital was justified by the patient's medical condition.

X Consultant's Signature
(You must sign here) _____

Consultant Code:

Date:

Guidelines to making a Claim

It would help us give you a speedier service and keep down administration costs if you could observe these guidelines when submitting a claim.

Sections 1, 2, 3, 4 and 5 are to be completed **by the Policy Holder or Insured Member**.

Section 6 to be completed **by the Attending Midwife** when claiming benefit in relation to home birth.

Sections 7, 8, 9 and 10 are to be completed **by the Admitting/Attending Consultant**.

Please attach all accounts securely to the form. **This claim form should not be used to claim benefits for treatment in hospitals and treatment centres where Vhi Healthcare has direct payment arrangements in place.**

Direct Payment of benefit towards professional fees to consultants.

Under the Finance Act, 1988, Vhi Healthcare is required to pay benefit in respect of consultants' fees **direct to the consultants concerned**. We are also required to deduct Withholding Tax from these payments and remit it to the Revenue Commissioners. This does not, in any way, affect or reduce the value of your Vhi Healthcare cover.

As the costs of consultant treatment vary, we advise you to obtain an estimate of all the likely professional fees before treatment begins.

Postal Address

IDA Business Park, Purcellsinch, Dublin Road, Kilkenny. Fax: (056) 776 1741

Dublin: Vhi House, Lower Abbey Street, Dublin 1. Fax: (01) 799 4091

Cork: Vhi House, 70 South Mall, Cork. Fax: (021) 427 7901

Dun Laoghaire: 35/36 Lower George's Street, Dun Laoghaire. Fax: (01) 619 7456

Galway: Vhi House, 10 Eyre Square, Galway. Fax: (091) 564 307

Limerick: Gardner House, Charlotte Quay, Limerick. Fax: (061) 310 361

Office opening hours: 9am-5pm Monday to Friday

Tel: CallSave 1850 44 44 44.
Lines open 8am-8pm Monday to Friday and 9am-2pm Saturday.

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