

MRI Claim Form

Direct Payment



Section 1: Facility Details - for completion by Facility Staff

1.1 Facility Code:
1.2 Facility Name: _____
1.3 Date of Scan:
1.4 Time of Scan: :
1.5 Invoice Value: €

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

2.1 Quote Policy No. Here:
2.2 Policy Holder's Name: _____
2.3 Policy Holder's Address: _____
2.4 Is this the Policy Holder's permanent address? Yes No
2.5 Patient's Name: _____
2.6 Patient's Date of Birth:
2.7 Contact Telephone No.: _____
2.8 Email Address: _____

Section 3: History of Illness - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

3.1 Name of doctor first attended: _____
3.2 Date of first consultation:
3.3 Doctor's Address: _____
3.4 When was it first made known to you that this particular investigation/treatment (which is the subject of this claim) was required?
3.5 Has this patient had this or a similar illness before? Yes No
3.6 If Yes, please give date and details: Date:
Details: _____
3.7 Are any of these expenses fully or partially recoverable from any other source? Yes No
3.8 If Yes, please give details: _____
3.9 Is your MRI Scan related to a Clinical Research Study? Yes No
3.10 How many **weeks** did you wait for an out-patient appointment with your consultant following your GP referral (if applicable)?
3.11 Subsequent to your GP/consultant's decision to refer you for a scan, how many **weeks** have you been waiting for your scan?



Guidelines to making a Claim

This claim form is for submitting an MRI claim, carried out at an approved MRI Centre fully covered for out-patient MRI Scans as specified in the Vhi Healthcare Rules - Terms and Conditions of Membership.

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

Section 1 is to be completed by the **Facility Staff**

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

Sections 6, 7 and 8 are to be completed by the **Consultant who performs the scan**.

Direct payment of charges to MRI facility

As a service to you, Vhi Healthcare and the facility have a direct payment arrangement which enables your claim to be settled between the facility and Vhi Healthcare so that you will not be out of pocket. To facilitate this, Vhi Healthcare may provide information to the facility verifying your membership eligibility.

All you need to do is complete **Sections 2, 3, 4 and 5** of the claim form and the facility will submit the claim for you. Please do not submit bills directly to Vhi Healthcare. We will send you a statement of the benefits paid on your behalf.

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

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