

March 2006  
COP8

## Out-patient Claim Form

# Out-patient



*When you need us, we're there*

**Vhi**  
HEALTHCARE

ELIGIBLE EXPENSES Option Plan Benefits in purple		NUMBER OF VISITS/SERVICES	ESTIMATED BENEFIT <sup>€</sup>
1. General Practitioner visits	up to €13 / €20 per visit		
2. Consultant visits	up to €39 / €51 per consultation		
3. Consultant Radiologists' professional fees	(Indicate total amount to be assessed)		
4. Consultant Pathologists' professional fees	(max. €20 / €20 per referral)		
5. Radiology ) Pathology )	Enter in the charge to be assessed FOR MRI SCANS PLEASE COMPLETE MRI SECTION BELOW		
6. Physiotherapy	up to €13 / €13 per session		
7. Home Nursing	€20 up to a max. 42 days / €39 up to a maximum of €780		
8. Specified medical and surgical appliances			
9. Emergency dental treatment	Maximum of €320 / €445		
10. Maternity visits/services	up to €255 / €385 in the year in which the birth happens		
11. Public hospital out-patient charges	up to €13 / €20 (please complete injury or dental section overleaf if applicable)		
12. Eye Testing	€20 every two years		
13. Dental check-up	up to €20 per annum in excess of any social welfare benefit paid		
14. Acupuncture, Osteopathy and Chiropractic treatment	up to €13 / €20 per visit, subject to a maximum of 12 visits per annum		
15. Dietetics, Podiatry/Chiropody, Occupational and Speech therapy	up to €13 / €20 per visit, subject to a maximum of 12 visits per annum		

PLAN	EXCESS FOR INDIVIDUAL POLICY	EXCESS FOR FAMILY POLICY	Total
Plan A – E	€310	€500	
Plan A Option	€250	€470	** Less Excess (see opposite)
Plan B Option – Plan E Option	€220	€380	Net Benefit

MRI SECTION		TO BE COMPLETED BY REFERRING CONSULTANT	
Patient Name:		Date of MRI Scan:	
Name of referring Consultant:			
Clinical Indication for MRI:		Name of Centre where MRI scan was carried out:	
Consultant's Signature →	Date	Vhi Doctor Code	

### AS RECEIPTS WILL NOT BE RETURNED, YOU MAY WISH TO RETAIN COPIES PRIOR TO SUBMISSION

**DECLARATION:** I declare that the expenses detailed on this form were incurred by me and/or dependants covered under my membership in respect of services received during the insurance year, on the recommendation of registered medical practitioners and do not relate to hospital or nursing home in-patient treatment of more than 24 hours duration. I declare that, to the best of my knowledge, the foregoing statements are true in every respect.

Subscriber's/member's signature → YOU MUST SIGN HERE	Date
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(PLEASE CHECK THAT YOU HAVE ENTERED YOUR MEMBERSHIP NUMBER)

#### DATA PROTECTION ACT

The information you provide becomes part of the personal data held by Vhi 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's use of personal data appear in the public register held by the Data Protection Commissioner.

Please ensure you read and detach the guidelines for reference when completing your claim form.

## Guidelines to making an Out-patient claim

**TO ALLOW US TO ASSIGN THE CORRECT BENEFITS TO YOUR CLAIM, PLEASE COMPLETE THE CLAIM FORM IN FULL, OTHERWISE IT MAY RESULT IN A DELAY IN THE ASSESSMENT OF YOUR CLAIM.**

There is no need to submit a claim to us if the **eligible expenses\*** do not exceed the required annual **excess\*\*** (See opposite).

\* **Eligible Expense** - is the amount allowable for a specific covered service for inclusion as part of an out-patient claim.

\*\* **Excess** - is the amount deducted from the total eligible expenses and the balance is the benefit.

**AS RECEIPTS WILL NOT BE RETURNED TO YOU, YOU MAY WISH TO RETAIN COPIES PRIOR TO SUBMISSION. IN PARTICULAR WHERE DENTAL INSURANCE BENEFIT IS APPLICABLE YOU MAY NEED TO RETAIN COPIES OF YOUR RECEIPTS.**

**Step 1:** Collect all your out-patient receipts for your membership year (i.e. from one renewal date to the next). You'll find your renewal date on your renewal notice.

**Step 2:** For all your receipts, please make sure they have the following information on them:

**G.P. and Consultant Receipts:** The doctor must specify:

1. The name of the patient.
2. The cost incurred.
3. The date of the visit.

**X-ray receipts:** Must specify the number of x-rays and description of x-rays received.

**Physiotherapy receipts:** Must state:

1. The medical condition which necessitated the treatment.
2. The date and cost of each session.
3. If the treatment was as a result of an accident you must complete the Injury Section of this claim form.
4. The Physiotherapist must be a member of the Irish Society for Chartered Physiotherapists.

**Step 3:** For each covered service calculate your total bill, making sure that your calculations are based on the eligible expenses for each service. (Details of the eligible expenses which you may include in your Out-patient claim, are listed opposite).

There are certain areas where it is not possible for you to fill in an eligible expense. These are as follows: **Consultant Radiologists fees, Pathology, Radiology and other diagnostic tests including MRI and Approved Medical and Surgical Appliances.**

If you have these expenses, please enter the total charge and we will calculate the appropriate benefit for you.

**Step 4:** Calculate the total amount.

**Step 5:** Deduct the appropriate excess from these expenses. The balance remaining is the estimated benefit you will receive from Vhi Healthcare. If there is no balance remaining it means that you have not incurred sufficient expenses to claim. You may however be eligible to claim tax relief on these expenses. For information you should contact your local Tax Office.

**Step 6:** Complete and sign the claim form and submit along with your receipts to:

**Vhi Healthcare, IDA Business Park, Purcellsinch,  
Dublin Road, Kilkenny.**

**HealthSteps members please note:**

*Shortfalls incurred under the HealthSteps scheme (with the exception of (1) screening, glasses/contact lenses and eye tests for Plans A-E members, or (2) screening, glasses/contact lenses for members with Option Plans) can be included as part of your annual Out-patient claim subject to the rules of that scheme.*

**If you have any further queries on your Out-patient benefits please contact Vhi Healthcare on CallSave 1850 44 44 44**

Lines open: 8am - 8pm Monday - Friday  
9am - 2pm Saturday



# What you can claim

Your Vhi Healthcare Plan provides primary Out-patient care cover to a maximum of €3,200 for Plan A – E members and €6,400 for members with Option Plans.

Before you are eligible to make an Out-patient claim your annual eligible expenses must exceed a certain amount. This is known as the excess and the annual excesses that apply to our different Plans are as follows:

Type of Policy	* Excess for Individual Policy	** Excess for Family Policy
Plan A – E	€310	€500
Plan A Option	€250	€470
Plan B Option – Plan E Option	€220	€380

\*Applies to those who are insured on an individual policy. \*\* An individual excess will apply for those members over 18 who are not in full time education and included on a family policy.

Eligible expenses for Option Plans only appear in purple.

- 1. General Practitioner Visits** – we allow up to €13 / €20 per visit (see point 10 for maternity visits).
- 2. Consultant Visits** – we allow up to €39 / €51 per visit.
- 3. Radiologists' Fees** – payable by category, at the standard rate, as set out in Vhi Healthcare's Schedule of Benefits for Professional fees.
- 4. Pathologists' Fees** – we allow up to €20 / €20 per referral. This may include single or multiple tests in connection with an episode of illness.
- 5. Radiology/Pathology** and other diagnostic tests: Agreed technical charges for services approved in each Vhi Healthcare participating laboratory and diagnostic centre as listed in the Vhi Healthcare Directory of Hospitals.  
**MRI Scans** – benefit is available only in a Vhi Healthcare approved MRI Centre and if the member is referred for an MRI scan by a Consultant to investigate or rule out certain medical conditions. (See rule 6k in the Rules Document). The relevant section of this claim form must be completed by your referring Consultant and be accompanied by the receipted hospital invoice.
- 6. Physiotherapy** – we allow up to €13 / €13 for each session with a physiotherapist arising from a medical condition. The physiotherapist must be a member of the Irish Society of Chartered Physiotherapists.
- 7. Home Nursing** – When medically necessary, the yearly maximum is €20 per day for 42 days, or €39 per day up to a maximum of €780. The person giving the nursing care must be a nurse registered with An Bord Altranais.
- 8. Specified Medical and Surgical Appliances** – please call Customer Services on **Callsave 1850 44 44 44** to find out whether any particular appliance is eligible for benefit. A claim for an appliance must be accompanied by a detailed Consultant's report to determine eligibility for inclusion in an Out-patient claim.
- 9. Emergency Dental Treatment** – treatment must occur immediately following a dental injury caused by an accident, to a maximum of €320, or €445 per accident. The relevant section of this claim form must be completed by your Dental Surgeon and be accompanied by receipted dental invoice. Where required by you, please insure that you retain copies of your receipts.
- 10. Maternity Visits/Services** – Doctors' fees for pre- and post-natal care up to a maximum of €255 / €385 in the year in which the birth happens.
- 11. Public hospital Out-patient charge** – up to €13 / €20 per episode of care.
- 12. Eye testing** – we allow up to €20 every two years when carried out by an F.A.O.I. Practitioner.
- 13. Dental check-up** – we allow up to €20 per annum in excess of any social welfare benefit paid. You may need to retain copies of your receipts.
- 14. Alternative Medicine (Acupuncture, Osteopathy and Chiropractic)** – we allow up to €13 / €20 per visit for a combination of up to 12 visits a year across all three benefits where treatment is provided by an Acupuncturist, Osteopath or Chiropractor as defined in the Rules Document.
- 15. Additional Benefits (Dietetics, Occupational Therapy, Podiatry/Chiropody and Speech Therapy)** – we allow up to €13 / €20 per visit for a combination of up to 12 visits a year across all the four treatments where treatment is provided by a Dietician, Occupational Therapist, Podiatrist/Chiropodist or Speech Therapist as defined in the Rules Document.

All of the above benefits are subject to the rules and conditions of your contract with Vhi Healthcare.





## Voluntary Health Insurance Board

An Bord Árachais Sláinte Shaorálaigh

### Postal Address

**Vhi Healthcare:** IDA Business Park, Purcellsinch, Dublin Road, Kilkenny.

**Dublin:** Vhi House, Lower Abbey Street, Dublin 1.

**Cork:** Vhi House, 70 South Mall.

**Dun Laoghaire:** 35/36 Lower George's Street.

**Galway:** Vhi House, 10 Eyre Square.

**Limerick:** Gardner House, Charlotte Quay.

Offices Open: 9am - 5pm Monday - Friday

### Telephone Number

**CallSave 1850 44 44 44**

Lines Open: 8am - 8pm Monday - Friday

9am - 2pm Saturday

### Fax Numbers

**Kilkenny:** (056) 776 1741

**Dublin:** (01) 799 4091

**Cork:** (021) 427 7901

**Dun Laoghaire:** (01) 619 7456

**Galway:** (091) 564307

**Limerick:** (061) 310361

**Website:** [www.vhi.ie](http://www.vhi.ie)

**E-mail:** [info@vhi.ie](mailto:info@vhi.ie)

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