

VHI REGISTRATION APPLICATION FORM

Important Note: Please read before completing this form:

- Completion of this form does not constitute acceptance by Vhi Insurance DAC of a doctor’s registration on our files.
- If you hold a Type A Public Hospital Contract do not complete this form as you are not eligible for registration.
- If your post is not approved by the HSE’s Consultant Appointment Unit, you are not eligible for registration with Vhi Insurance.
- It is the duty of the Provider when registered to notify us immediately of any changes to their circumstances, which includes Hospital Contract, specialty and also most importantly any change to their Medical Council of Ireland registration.
- In accordance with your Hospital Contract, if you hold a Type B Contract please note you will not be covered for off-site private practice in a private hospital or private facility listed in the Vhi Insurance Directory of Hospitals.

If in the event a doctor makes an application to Vhi and some or all of which is subsequently found to be false or erroneous, Vhi reserves the right to re-coup benefits paid and report the matter to the relevant statutory authority.

Have you previously been registered with Vhi Insurance DAC? Yes No

If the answer is yes please provide us with your Vhi Doctor Code:

Question 1 – Registration details with the Medical Council of Ireland

| | |
|-----------------------------|--|
| Date of registration | |
| Specialty | |
| Registration Number | |

Have you been subject to a Fitness to Practice Inquiry in any jurisdiction? Yes No

If yes, please provide us with details of such an Inquiry?

**The purpose of this question is to ensure that you have not been sanctioned by a Medical Council body in any jurisdiction which has resulted in conditions against your registration/suspension.*

Question 2 – Contact Details

| | | | |
|-------------------|--|---------------------|--|
| Title: | | First Name: | |
| Surname: | | Maiden Name: | |
| Mobile No: | | E Mail: | |

Question 3 – Address Details

| Correspondence Address * | | | | | |
|---|--|--|--|--|--|
| Correspondence Address Details * | | | | | |

** Please note all correspondence in relation to your VHI Doctor Code will be sent to your correspondence address only*

Question 4 – Practice Address Details & Secretary Details

| Practice Address | | | | | |
|---------------------------------|--|-------------------------|--|--|--|
| Practice Address Details | | | | | |
| Practice Tel No: | | Practice Fax No: | | | |

| Practice Manager/Secretary Practice Details* | |
|--|--|
| Practice Secretary Title | |
| Practice Secretary First Name | |
| Practice Secretary Surname | |
| Practice Secretary Unique Mobile No | |
| Practice Secretary Unique Email address | |

** Please note that these practice manager or secretary details are required for them to register for access to the eSchedule. The email address and mobile phone number that you will register for the eSchedule cannot be the same as your secretary/practice manager. Contact details provided to Vhi Insurance will not be shared with any other third party. Details on how to register for the eSchedule will be explained in your registration confirmation letter.*

Question 5 – (a) Hospital Appointment

| | | |
|---|------------------------------------|------------------------------------|
| (a) Do you hold a post in Republic of Ireland? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Do you hold a permanent, temporary or locum Consultant Appointment? | Locum <input type="checkbox"/> | Permanent <input type="checkbox"/> |
| | Temporary <input type="checkbox"/> | |
| (c) Do you have admitting rights to a private hospital in the Republic of Ireland? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(b) If you hold a Public Hospital Appointment, please complete the following:

| | |
|--|--|
| What type of Public Hospital Contract do you hold: (Type B, Type B*, Type C or Academic Appointment) | |
| If Other - please specify: | |
| Please select a description which best describes your post: (Full Time, Part Time, Locum & Other) | |
| If Other - please specify: | |
| Is your post new or are you replacing or filling an existing post? | |
| Post Reference Number*: | |

** If you are in a Public Hospital Post you must provide us with the 'Post Reference Number' of your HSE Approved Consultant Post. (This is found on the HSE letter of approval which is Appendix 1 of your Consultants Contract. Please contact your employer in relation to this).*

Question 6 – Hospital(s)

**List below your current hospital(s) and the dates as requested please:
You will only be eligible for registration for Hospitals approved by Vhi Insurance**

| Name of Hospital(s) | Date From | Date To |
|---------------------|-----------|---------|
| | | |
| | | |
| | | |

Question 7 – Group Practice Membership

| | | | |
|---|--|--------------------|--|
| If you are a member of a group practice in the specialty area of Pathology, Radiology or Anaesthesia ICU please confirm the name of the group practice and group code. | | | |
| Group Practice Name: | | Group Code: | |

Question 8 – Tax Reference Number/Billing Entity

In accordance with Part 18 of the Taxes Consolidation Act 1997 Vhi Insurance DAC is obliged to deduct Withholding Tax.

| | | | | | | | | | | | | | |
|---|---|---|-------------------------------------|--|--|--|--|--|--|--|--|--|--|
| How do you intend to bill Vhi Insurance DAC? | Sole Trader <input type="checkbox"/> | Partnership <input type="checkbox"/> | Company <input type="checkbox"/> | | | | | | | | | | |
| Please provide your PPS / Partnership / Company Tax Reference Number*: | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

** We are obliged by the Revenue Commissioners to request official documentary evidence of your tax number-please provide.*

If Partnership or Company please provide us with the following details:

| | |
|----------------------------------|--|
| Company/Partnership Name: | |
| Company Number: | |

Question 9 – Provider Mandate: Electronic Payment Instructions

| | |
|--|--|
| Provider Name / Company Name: | |
| Account Name: | |
| Bank Identifier Code (BIC): | |
| International Bank Account Number (IBAN): | |

Data Protection Statement:

“The information you provided in this “Vhi Registration Application Form” will be processed by Vhi Insurance DAC for the sole purpose to consider your eligibility as a “participating consultant and, if your application is successful, to progress your registration with us. If your application is successful, the relationship with respect to data privacy between you and Vhi shall operate in accordance with the terms set out in the Schedule of Benefits for Professional Fees which constitute the basis of the Agreement with Vhi.

We will share your information with the following:

- *Service providers - We rely on trusted third parties to help us run the Vhi business and to provide us with specialised services. These can include companies that provide IT services (e.g. scanning and uploading letters from customers and hosting data when providing software services). These can also include legal advisors, accountants and consultants. Where our service providers have access to your personal data, we ensure they are subject to appropriate contracts and other safeguards.*
- *Regulators - In certain circumstances Vhi is obliged to provide information to a regulator, (e.g. in the investigation of complaints).*
- *Group companies - Vhi consists of a number of separate companies. Some of these companies provide services to each other which may involve the sharing of your personal data between one or more group companies.*

If your application is unsuccessful we will retain your personal data for a period of no greater than 2 years. If your application is successful we will retain your personal data in accordance with our record retention policies. The record retention policies operate on the principle that we keep personal data for no longer than is necessary for the purpose for which we collected it, and in accordance with any requirements that are imposed on us by our regulators or by law. This means that the retention period for your personal data will vary depending on the type of personal data. For further information about the criteria that we apply to determine retention periods please see below:

- *Statutory and regulatory obligations - As we work in a highly regulated industry, we have certain statutory and regulatory obligations to retain personal data for set periods of time.*
- *Managing legal claims - When we assess how long we keep personal data we take into account whether that data may be required in order to defend any legal claims which may be made. If such data is required, we may keep it until the statute of limitations runs out in relation to the type of claim that can be made (which varies from 2 to 12 years).*
- *Business requirements - As we only collect personal data for defined purposes, we assess how long we need to keep personal data for in order to meet our reasonable business purposes”.*

You have various rights under data protection law, subject to certain exemptions, in connection with our processing of your personal data:

- *Right to access the data - You have the right to request a copy of the personal data that we hold about you, together with other information about our processing of that personal data.*
- *Right to rectification – You have the right to request that any inaccurate data that is held about you is corrected, or if we have incomplete information you may request that we update the information such that it is complete.*
- *Right to erasure – You have the right to request us to delete personal data that we hold about you. This is sometimes referred to as the right to be forgotten.*
- *Right to restriction of processing or to object to processing – You have the right to request that we no longer process your personal data for particular purposes, or to object to our processing of your personal data for particular purposes.*
- *Right to data portability – You have the right to request us to provide you, or a third party, with a copy of your personal data in a structured, commonly used machine readable format.*

In order to exercise any of the above rights, please contact us using the contact details set out below.

If you have any queries in relation to the processing of your personal data, we have appointed a Data Protection Office that you can contact as follow: by post at Data Protection Officer, Vhi, Vhi House, Lower Abbey Street, Dublin 1 or by e-mail at dataprotection@vhi.ie

Question 10 – Participation in Vhi Insurance’s DAC Full Cover Scheme

Vhi Insurance offers consultants the opportunity to participate in our Full Cover Scheme. Participating consultants agree to accept Vhi’s professional fee benefits, as set out in the Schedule of Benefits for Professional Fees, in full settlement of their invoices and not to balance bill our customers. Almost 100% of the consultants registered with Vhi Insurance participate in the Full Cover Scheme. Non-participating consultants are paid the lower, standard rates of benefit published in the Schedule.

If you wish to participate in the Full Cover Scheme please sign the agreement form on page 7.

Checklist - Required Documents for all Applicants

| Have you include the following with your application? | |
|---|--------------------------|
| Incomplete application will cause a delay with your application being processed for registration | |
| For All Applicants | |
| (a) A full comprehensive Curriculum Vitae (*see note below) | <input type="checkbox"/> |
| (b) Evidence of your current registration on the appropriate Specialist Division of the Register maintained by the Medical Council of Ireland or General Medical Council | <input type="checkbox"/> |
| (c) A copy of your Passport in colour showing a photograph and signature | <input type="checkbox"/> |
| (d) A clear recent photo in addition to your passport photo. (the reason for this is to eliminate impersonation or identity theft) | <input type="checkbox"/> |
| (e) Documentary evidence from the Revenue Commissioners confirming your Tax Number | <input type="checkbox"/> |
| For Applicants with a Public Hospital Contract (locum, temporary or permanent) | |
| (f) A copy of the HSE’s (temporary or permanent) letter of approval for the post from the Consultants Appointment Unit for posts greater than three months | <input type="checkbox"/> |
| (g) A copy of your letter(s) of appointment from the hospital(s) where you intend to practice | <input type="checkbox"/> |
| (h) A copy of the following sections and pages from your Consultants Contract 2008 <ul style="list-style-type: none"> o Section 2 - Appointment and Tenure (usually page 5) o Section 5 - Contract designation (usually page 7) and, o Section 32 - The signed section confirming Acceptance of Contract (usually pages 31 & 32) | <input type="checkbox"/> |
| For Applicants working in a Private Hospital | |
| (i) A copy of your letter(s) of admitting/practising privileges from the hospital(s) where you intend to practise. | <input type="checkbox"/> |
| For Applicants who work as part of a Group | |
| (j) Appendix 1 of the Group Service Provider Agreement or a letter from the Precedent Partner of this group to confirm your membership(Please refer to the Manager of Group Practice) | <input type="checkbox"/> |
| For Applicants who agree to participate in Vhi’s Full Cover Scheme | |
| (k) Signed Consultant Agreement Form (See page 7) | <input type="checkbox"/> |

*** If there are any gaps in your Curriculum Vitae please bring to our attention and let us know the reason for these gaps.**

Declaration

I hereby declare that all the information furnished with this application and that all supporting documents and copies of other documents enclosed are true and valid.

Signed: _____ **Date:** _____

CONSULTANT AGREEMENT FORM – 2018-2021

Note: If you have a public hospital contract that prohibits you from engaging in private practice, you are not eligible to enter into this agreement. Please contact us at medical.relations@vhi.ie or on 1890 44 44 44 to advise us of any change in your circumstances.

AGREEMENT BETWEEN VHI INSURANCE DAC, trading as Vhi Insurance (which expression shall include its successors, assigns and any affiliate that acquires or assumes its rights or obligations herein) AND THE CONSULTANT NAMED BELOW REGARDING PARTICIPATION IN VHI INSURANCE’S FULL COVER AGREEMENT

1. Introduction

This Agreement is between Vhi Insurance and the individual Consultant named below. The basis of this Agreement is Vhi Insurance’s Schedule of Benefits for Professional Fees (the e-Schedule) which includes the procedure code descriptions, payment conditions and the benefits as may be amended from time to time. You can apply to register for access Vhi’s e-Schedule at www.vhi.ie/pvs.

2. Effective Date of the Agreement

This Agreement is effective from 1st July 2018 and it expires on 30th June 2021.

3. Terms of the Agreement

This Agreement applies to Consultants registered with Vhi Insurance and to the services as described in the Schedule, for treatments on or after 1st July 2018, subject to the Ground Rules and conditions of payment, payment indicators or clinical indications shown in the Schedule. All Consultant benefits listed in the Schedule are payable only when the service is medically necessary.

4. Participating Consultant

A Participating Consultant is one who signs this Agreement Form and agrees:

- to accept the participating benefits listed in the Schedule in full settlement of their fees,
- not to levy any additional professional fee charges on a Vhi customer in any circumstances including without limitation where a claim arises in respect of treatment required as a result of an injury caused through the fault of another person and regardless of whether any third party is responsible for any such injury,
- to record a full description of the services provided to the patient on the appropriate claim form, and
- to charge all Vhi insured patients in accordance with the benefits listed in the Schedule.

5. Principal Features of the Agreement

Consultants should familiarise themselves with the details described in the Schedule that are applicable to their own area of specialty. The following general increases will apply to the benefits listed in the Schedule with some slight variations:

- From 1st July 2018 a general increase of up to 4%
- From 1st July 2019 a general increase of up to 3%
- From 1st July 2020 a general increase of up to 3%

6. Copyright

The Schedule contains valuable intellectual property and confidential information that belongs to Vhi Insurance. You are provided with access to the Schedule for use in your practice only and under no circumstances should the Schedule, or its contents, in whole or part, be shared with any third parties unless this has been authorised in writing by Vhi Insurance. All usage of the Vhi’s e-Schedule will be monitored and any breach of the conditions for access will result in that access being withdrawn.

7. Billing Agents

In the event the Consultant engages a third party to carry out billing services on their behalf, this billing agent (as an agent of the Consultant) will be given access to the Vhi Patient Verification System (‘PVS’). Access is provided for the sole purpose of carrying out billing services on behalf of the Consultant. The billing agent will be required to comply with the conditions of use of PVS and usage will be monitored by Vhi to ensure same. Where appropriate, please insert the name of the third party you have appointed to carry out billing services on your behalf.

I hereby authorise the (.....) billing agency to liaise directly with Vhi with regard to all matters relating to the billing of Vhi Customers.

Note: Please advise Vhi Insurance if you appoint a new billing agent during the course of this agreement.

8. Cancellation of the Agreement

This Agreement may be cancelled by the signatory named below provided 60 days written notice is given to Vhi Insurance so that the required administrative changes can be made in a timely manner. Vhi Insurance may cancel this Agreement by giving notice in writing where the signatory named below has not adhered to the terms of this Agreement.

9. Declaration

I have read this Agreement and I agree to the terms set out above, for the specified period.

NAME:

Signed: _____

Date: _____