

Section 4: Policy Holder/Member Authorisation

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.

On the basis that Vhi shall only seek medical data relevant to this claim, I can confirm that I give explicit consent to my data, including up-to-date medical diagnoses information, being held, used and processed for the purposes described above, including the purpose of undertaking investigations into, and to adjudicate on, my claim (including the length of my hospital stay and the treatment I received).

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 Vhi.ie or should you wish to contact us on **(056) 4 444 444** or **1890 44 44 44**, you can request a hard copy.

Declaration: I declare that the information completed above at the time of signing this declaration is true in every respect. I authorise the medical practitioner/treatment facility concerned to supply all necessary information to Vhi or its duly authorised agents acting on its behalf including, if requested, copies of my hospital/medical records in relation to this claim regarding treatment or services received by me.

I also authorise Vhi to pay the appropriate benefits, for services provided, to the treatment facility and medical practitioners concerned. I understand that details of these amounts will be included in my Vhi statement of payment, and I will contact Vhi directly with any queries. Charges which are not eligible for benefit will remain my responsibility to settle directly with the medical practitioner/treatment facility concerned.

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

Date:

Please check that you have entered your Policy Number.

Claims statements are normally sent to the subscriber of the policy. If you are the claimant in this instance, but you are not the subscriber and you wish to have the claims statement sent to you directly, please phone us on **(056) 4 444 444** or **1890 44 44 44** or visit us at Vhi.ie/contact/. Please note the address you provide in Section 2 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 **(056) 4 444 444** or **1890 44 44 44**.

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

Section 5: Medical History - for completion by the Attending Consultant (Please place 'X' in required boxes)

5.1 Patient's Name: _____

5.2 By whom was the patient referred to you? (Please give doctor's name and speciality):

5.3 Nature of symptoms/signs: _____

HOURS DAYS WEEKS MONTHS YEARS

5.4 Duration of symptoms/signs:

Please complete question 5.5 or 5.6

5.5 **Asymptomatic Patient** undergoing planned surveillance following treatment for cancer:

5.6 **Symptomatic Patient** CT Scans are payable for patients requiring staging and re-staging of cancer.
Please indicate which of the circumstances below have been met:-

5.6.1 To establish the extent of a definitive newly-diagnosed cancer, where such information is required to determine appropriate initial treatment:

5.6.2 During or following completion of treatment for the purpose of detecting residual disease:

5.6.3 To establish the extent of a documented recurrence:

5.6.4 Symptomatic patient identified as having a definitive clinical abnormality, either on clinical examination or as a result of other investigations, that is consistent with a recurrence of a previously diagnosed cancer:

5.6.5 Please provide as much information as possible below to substantiate the case for this CT Scan:

5.7 Is this Oncology CT Scan related to a Clinical Research Study? Yes No



Section 6: Oncology CT Scan Details - for completion by the Attending Consultant

6.1 Oncology CT Scan Procedure Code: Date of Service:

Procedure description (Including anatomical site being examined):

Oncology CT Scan Procedure Code: Date of Service:

Procedure description (Including anatomical site being examined):

6.2 Type of cancer for which CT Scan is being provided: _____

6.3 Clinical Interpretation of CT Scan/diagnosis: _____

Section 7: Consultant Declaration

I hereby certify that the Oncology CT Scan was necessitated by the circumstances described by me above, and was justified by the patient's medical condition.

X Consultant's Signature
(You must sign here)

Consultant Code:

Date:



Guidelines to making a Claim

This claim form is for submitting an Oncology CT Scan claim, carried out at an approved Oncology CT Scan Centre fully covered for out-patient Oncology CT Scans as specified in your Vhi 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 and 4 are to be completed by the **Policy Holder or Insured Member**.

Sections 5, 6 and 7 are to be completed by the **Consultant who performs the scan**.

Direct payment of charges to Oncology CT Scan facility

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

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

Claim Form Submission Address: Vhi, PO Box 10143, Dublin 18.

Dublin:	Vhi House, Lower Abbey Street, Dublin 1.	Fax: (01) 873 4004
Cork:	Vhi House, 70 South Mall, Cork.	Fax: (021) 427 7901
Kilkenny:	IDA Business Park, Purcellsinch, Dublin Road, Kilkenny.	Fax: (056) 776 1741



Office opening hours: 10am-4pm Monday to Friday.
Tel: (056) 4 444 444 *or* 1890 44 44 44.
Lines open 8am-6pm Monday to Friday and 9am-3pm Saturday.

Contact: Vhi.ie
Vhi.ie/contact

