

# The Physio Company Claim Form

Claim Form required to support each service incurred



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

- 1.1 Quote Policy No. Here:  from your Vhi membership card.
- 1.2 Policy Holder's Name: \_\_\_\_\_
- 1.3 Policy Holder's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 1.4 Is this the Policy Holder's permanent address? Yes  No
- 1.5 Patient's Name: \_\_\_\_\_
- 1.6 Patient's Date of Birth:
- 1.7 Contact Telephone No.: \_\_\_\_\_
- 1.8 Email Address: \_\_\_\_\_

## Section 2: Details of Treatment in Facility - for completion by the Treatment Centre

Please complete the following section for benefit claimed.

- 2.1 Facility Code:  2.2 Date of Service:
- 2.3 Facility Name and Location: \_\_\_\_\_

As benefits may vary according to your plan please refer to your Vhi Rules - Terms and Conditions of Membership and your Table of Benefits to understand the benefits to which you are entitled under your current plan.

## Section 3: Claim Details - for completion by the Consultant (Please place 'X' in required boxes)

### Joint Care Programme Benefit

- 3.1 Benefit claimed: Joint Care Screening  3.2 Benefit claimed: Joint Care Physiotherapy
- 3.3 If claiming Joint Care Physiotherapy only, please provide the date of screening:

### Physiotherapy Benefit

- 3.4 Benefit claimed: Physiotherapy

## Section 4: Physiotherapist Declaration

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

**X** Physiotherapist Signature  
(You must sign here)

\_\_\_\_\_

Practitioner Code:

Date:



## Section 5: 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.

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](http://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.

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

**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

