Collinson Insurance Solutions Europe Ltd.
Office 14, Kells Enterprise & Technology Ctr.
Kells Business Park, Cavan Road, Kells,
Co. Meath, A82 E1C6, Ireland

Email: vhi.international@collinsongroup.com
Tel: (+353) 46 9077 377
Toll free (USA only): 1 800 852 7747
Web: vhi.ie/international

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Claim Ref Number

Vhi International
Medical and Dental claim form

Vhi

Important Information
Please ensure that all questions are completed in full in **BLOCK CAPITALS.**
The following documentation / information will be needed as part of your claim. Without these, we may not be able to process your claim. Please insert ✓ to indicate the document / information has been included.

Claim form	All questions fully answered and the Declaration signed and dated.	☐
Bank Details	Full bank details as shown on your bank statement, an indication of what currency you would like your claim settled in and your postal address is in the same country as your bank	☐
Medical Invoices and Receipts	Details of all treatment and cost listed in Section B and all receipts and associated invoices attached.	☐
Travel / Accommodation documents	Booking invoice issues by airline, travel agent, accommodation provider if your claim includes costs of flights / accommodation.	☐

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Section A: Policyholder/patient details

Title | First Name | Surname | Date of Birth | Policy Number

Correspondence Address for this Claim

E-mail address | Contact number (including country code) (daytime)

By completing the next section(s), you confirm that Collinson Insurance Solutions Europe Limited has your full authority to remit monies directly to the account indicated by the BACS or other electronic banking system.

If you have had a previous claim paid electronically and you would like the same account to be used again, please tick this box ☐ and enter the last 4 digits of your IBAN ☐☐☐☐

If you would like payment to be made into a different account, please complete the following:

Bank Name & Address (inc. Country):

Account Holder Name:

IBAN:

SWIFT/BIC Number:

Routing Number (if applicable)

BSB (Australia only):

What currency should your claim be paid in? (eg: EUR, GBP, USD etc)

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Section B: Details of illness/condition and expenses incurred

Is this a continuation of a previous claim? Yes ☐ No ☐

Is this claim related to an accident? Yes ☐ No ☐

If yes, please provide the details below;

Date of accident	Where did the accident occur?	Was the accident caused by a third party?	Please describe what happened

If treatment was received in your home country, please confirm your travel dates;

Date of return to your home country: Day ☐☐ Month ☐☐ Year ☐☐

Date of departure from your home country: Day ☐☐ Month ☐☐ Year ☐☐

Are you entitled to any social medical care (eg NHS, Medicare, etc): Yes ☐ No ☐

If YES, please provide the full details:

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Please give full details in the table below of the treatment and expenses you are claiming for (continue on a separate sheet of paper if necessary).

Medical Treatment:

Date of receipt	Patient Name	Diagnosis *(Please describe symptoms if no diagnosis)*	Date symptoms started	Date doctor first seen	Treatment type *(eg: Consultation, MRI, Physio, etc)*	Amount paid and currency paid in

Dental Treatment

Date of receipt	Patient Name	Treatment type (please confirm one of the following): Emergency Treatment / Wisdom Tooth Extraction / Extraction of non-wisdom teeth / Annual Check Up / Hygienist / Xrays / Fillings / Crown / Root Canal / Bridgework / Other (please describe)	Amount paid and currency paid in

GP Details (name, address, email and phone number)

Dentist Details (name, address, email and phone number)

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Section C

Data Protection Statement

In order to adjudicate on your claim, Vhi and Collinson Insurance Solutions Limited ('CISEL') will process the personal data you have provided on this form, together with any personal data that you have authorised third parties to provide to us. Certain processing of your personal data is required in order for us to adjudicate on your claim and for us to be able to operate the business of providing international insurance policies.

Vhi Healthcare DAC of Vhi House, Lower Abbey Street, Dublin 1 ("Vhi"), and Collinson Insurance Solutions Limited of Office 14, Kells Enterprise and Technology Centre, Kells Business Park, Cavan Road, Kells, Co. Meath, A82 E1C6 and the insurer, are the companies that control and are responsible for processing the personal data in relation to your claim. We will process your personal data in accordance with the Vhi Data Protection Statement which has previously been provided to you. If you would like another copy of the Vhi Data Protection Statement it is available at Vhi.ie, or you can request a copy by calling us on **(056) 444 4444**

Obtaining Additional Information

In order to process and to establish the eligibility and appropriateness of your claim we will, **as appropriate;**

- Contact the facility and your treating practitioners (including, where relevant, your GP) on your behalf to request a copy of all necessary information including, if requested, copies of the facility/medical records relating to the treatment and/or services received by you as part of this claim.
- Approach any third party who holds information relating to the incident giving rise to this claim and obtain from them such information as is required to assist in the investigation and resolution of this claim.
- Share information with other insurers or financial institutions for the purposes of dealing with this claim and eliminating insurance fraud.

  Where it is necessary, we will ask you to allow the treating practitioners to share your information with us.

Please deal solely with myself in respect of this claim: ☐

Or

Authorisation for Broker/Other Third Party - optional:

I hereby authorise (name of broker or other third party) _____
to handle this claim on My/Our behalf and agree that all communications in respect of the claim will be solely through them.

Declaration

I declare that the information completed above at the time of signing this declaration is true in every respect.

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

Important – you must sign here:

Patient's (or Parent/Legal Guardian if patient is under 18 years)* Signature _____ **Date** _____

**For claims in relation to a dependant under 18 years at the time of signing this form, please note that all correspondence and relevant payments will be made to the policyholder.*

Please check that you have entered your Policy Number. ☐

Please note that the address you provide is purely for data validation purposes. If you need to update your contact details or membership/personal data, please contact our Customer Services Helpline at **(056) 444 4444**

Check List

If all requested information is not supplied we will not be able to process your claim.

Before submitting your claim by email or post (details given at the top of each page) please ensure:

☐ All relevant documentation outlined on page 1 has been submitted with this claim.

☐ This claim form has been fully completed and signed.

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