



Medical and Dental Claim Form

To ensure swift payment of your claim please ensure you provide the following:

- > A fully completed claim form
- > A contact number and email address so that we may contact you should further details be required
- > Check that the bank details provided are correct
- > Please state the currency which you would prefer your payment to be in
- > Payments by cheque will be sent to the 'correspondence address' which you provide on this form
- > List your expenses separately in the columns in Section B and include all relevant details of your invoices/receipts

If you have any queries regarding your claim, please contact our Customer Service Line:

Tel: +353* 46 90 77 377

For members in the USA call Toll Free:

1 800 852 7747

Email: vhi.international@intana-assist.com

+ First dial the international access code.

* When dialling from the Republic of Ireland, omit 353 and first dial 0.

This form and original invoices and receipts to be sent to:

Vhi International Claims Department,
Collinson Insurance Services Limited,
IDA Business Park, Athlumney,
Navan,
Co. Meath,
Ireland.

Section B – Details of illness/condition and expenses incurred To be completed by the policyholder/patient

Is this a continuation of a previous claim? Yes No

Describe in your own words the nature of your illness/condition: _____

Is this claim related to an accident? Yes No

Do you have any other private medical insurance policies? Yes No

When did you first start to experience the signs and symptoms of this illness/condition? Day Month Year

What date did you first see any doctor/dentist for this illness/condition? Day Month Year

Please give details of your usual family doctor/dentist; First Name: _____ Surname: _____

Address: _____

GP Contact No. (including country code): _____

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

Please give details of all receipts/invoices included with this claim (continue on a separate sheet of paper if necessary)

Date of receipt/invoice	Details of expense	Currency of amount paid	Amount paid	Specify currency of settlement

Date of receipt/invoice	Details of dental expense	Tick	Currency of amount paid	Amount paid	Specify currency of settlement
	Emergency Treatment				
	Wisdom Teeth Extraction				
	Extraction Non-Wisdom Teeth				
	Filling				
	X-Rays				
	Crowns				
	Root Canal				
	Annual check up / hygienist				
	Other				

Section C – Personal Declaration

If all requested information is not supplied we may not be in a position to fully assess your claim and the processing of your claim will be delayed. Before submitting your claim please ensure:

- All relevant documentation outlined on page 1 has been submitted with this claim.
- All supporting documentation are originals (we recommend that you retain copies).
- This claim form has been fully completed and signed.

I/We confirm that the facts stated in this form to be true and accurate to the best of My/Our knowledge. I/We understand that the information provided in relation to this claim may be shared with other insurers or financial institutions for the purposes of dealing with this claim and eliminating insurance fraud. I/We give authority to the insurers and their representatives to contact My/Our medical practitioners for any additional information.

I/We confirm that I/We give authority to you to approach any third party who holds information relating to the incident giving rise to this claim, and I/We hereby authorise any such third party to release such information to you to assist in the investigation and resolution of My/Our claim.

Deal solely with myself in respect of this claim. Yes

OR

I/We hereby authorise (insert name of 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.

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 and by the insurer and their representatives 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 when 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 personal data that we hold about you (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 **1890 44 44 44** and **(056) 444 4444**, 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 practitioner 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.

Important - you must sign here:

Policy Holder’s/Member’s Signature

Date

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Collinson Insurance Services Limited for Vhi International Health Insurance, which is underwritten by Astrenska Insurance Limited.

