

Private Ambulance Claim Form

Direct Payment



Section 1: Ambulance Details - for completion by the Ambulance Company (Please place 'X' in required boxes)

- 1.1 Company Code:
- 1.2 Name of Ambulance Company: _____
- 1.3 Service Date: 1.4 Invoice Value: €
- 1.5 Time of departure at hospital of origin: 1.6 Time of arrival at hospital of destination:
- 1.7 Type of Vehicle: Full Front Line Ambulance Intermediary Ambulance
- 1.8 Ambulance Reg. No.:
- 1.9 Journey Length: Local Long Haul 1.10 Number of Miles:
- 1.11 Journey Type: Single Return 1.12 Number of Patients:

Section 2: Ambulance Authorisation - for completion by the Ambulance Company

X Signature (You must sign here) _____

Date:

Section 3: Policy Details - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

- 3.1 **Quote Policy No. Here:** **from your Vhi membership card.**
- 3.2 Policy Holder's Name: _____ 3.11 Patient's Name: _____
- 3.3 Policy Holder's Address: _____ 3.12 Patient's Date of Birth:
- _____ 3.13 Contact Telephone No.: _____
- _____ 3.14 Email Address: _____
- 3.4 Is this the Policy Holder's permanent address? Yes No 3.15 Patient's Address: _____
(if different from Policy Holder's Address)
- 3.5 Date of Service: _____
- 3.6 Hospital of Origin: _____
- 3.7 Destination Hospital: _____
- 3.8 Date of hospital admission: _____
- 3.9 Date of hospital discharge (if known): _____
- 3.10 If in a public ward, did you elect to be a private patient of the admitting consultant? Yes No



Section 4: Injury Details - for completion in all cases involving injury (even if no third party is involved) (Please place 'X' in required boxes)

4.1 Date of injury:

4.2 Place of injury: _____

4.3 Brief description of how the injury occurred: _____

4.4 Do you intend to pursue a legal claim against a third party (parties)? Yes No

4.5 Name and address of solicitor (where applicable): _____

In consideration of Vhi discharging my hospital and medical expenses to the extent of my cover limits and in accordance with the Rules of my contract with Vhi, I agree to include these expenses as part of my current (or future) claim against a third party(ies). Where I pursue a claim against a third party, either through the Courts or other Tribunals/Boards (and where I have legal representation), I hereby irrevocably authorise the solicitor(s) representing me in making that claim to furnish to Vhi an undertaking in the following form: "In consideration of Vhi discharging the eligible hospital and medical expenses of my client, I hereby agree to include as part of my client's claim the monies so paid by Vhi (details of which will be supplied to me by Vhi) and subject to any court order to the contrary, to repay to Vhi - out of the net proceeds of the settlement that come into our hands - all monies recovered in respect of such expenses paid by Vhi." Where my claim is adjudicated upon by the Injuries Board or the Criminal Injuries Compensation Tribunal and where I do not engage legal representation, I hereby agree to include as part of my claim the monies so paid by Vhi (details of which will be supplied to me by Vhi) and subject to any order/award to the contrary, to repay to Vhi - out of the net proceeds of the settlement that come into our hands - all monies recovered in respect of such expenses paid by Vhi. I further authorise Vhi to provide the Injuries Board and/or my legal representative with details of all claims paid by Vhi relating to my third party case and for the Injuries Board/my legal representative to release to Vhi full details of the Injuries Board assessment or other agreed settlement with a third party. In circumstances of an anticipated reduced settlement I agree to contact Vhi upon it being made known to me that monies so paid by Vhi may not be fully recoverable. When a reduced settlement has been agreed, I will provide Vhi with a Certificate from my legal representatives in the format agreed between the Law Society and Vhi confirming that the net proceeds recovered is the amount actually recovered. In addition, I agree to provide a Certificate from Counsel (if Counsel was instructed in relation to the settlement/hearing), confirming the veracity of the net proceeds recovered.

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.

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/ambulance company 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 ambulance company 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/ambulance company 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 3 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 6: Medical Indications - to be completed by the Admitting/Attending Doctor (Please place 'X' in required boxes)

- 6.1 Patient's Name: _____
- 6.2 Hospital of Origin: _____
- 6.3 Hospital of Destination: _____
- 6.4 Reason for Transfer:
- MRI Scan Angiography Convalescence CT Scan Radiotherapy A&E PET-CT Scan
- Other (Please give details): _____
- 6.5 I certify that the above patient cannot be transported by taxi ('X' to confirm agreement):
- 6.6 It is necessary that this patient be transported by:
- Full Frontline Ambulance Intermediary Ambulance (Ambulance Car/Patient Transport Service etc.)
- for the following medical reason(s): _____
- _____
- _____
- 6.7 Patient is expected to become an emergency? Yes No

Section 7: Doctor Declaration

I certify that it is essential to transport the above patient by ambulance for the reasons outlined above.

X Doctor's Signature (You must sign here)	_____	Doctor Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Doctor's Address: _____	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Guidelines to making a Claim

It would help us give you a speedier service and keep down administration costs if you could observe these guidelines when submitting a claim.

Sections 1 and 2 should be fully completed and signed by the **Ambulance/Intermediary Ambulance Company**.

Sections 3, 4 and 5 should be fully completed and signed by the **Policy Holder/Insured Member**.

Sections 6 and 7 should be fully completed and signed by the **Admitting/Attending Doctor**.

Direct payment of Private Ambulance charges

As a service to you, Vhi operates a direct payment arrangement with the private ambulance company. This allows us to settle your claim directly with the ambulance company so that you are not out of pocket. To facilitate this, Vhi may provide information to the private ambulance company verifying your membership eligibility. All you need to do is complete **Sections 3, 4 and 5** of the claim form and the private ambulance company 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.

Guidelines for the Ambulance Company

Full Frontline Ambulance Rate and Intermediary Ambulance Rate.

The CEN standards for ambulance vehicles fall into the following categories:

Type A: Patient Transport Ambulance - a road ambulance designed and equipped for the transport of patients who are not expected to become emergency patients.

Type A1: Suitable for the transport of a single patient.

Type A2: Suitable for the transport of one or more patient(s) on stretcher(s) and or chair(s).

Type B: Emergency Ambulance.

Type C: Mobile Intensive Care Unit.

Vhi will provide cover at the full frontline ambulance rate for patients who are expected to become an emergency when transported in CEN compliant single stretcher vehicles.

Vhi will provide cover at the intermediary ambulance rate for patients who are not expected to become an emergency for all classes of CEN compliant vehicles.

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

