

Anaesthetists' Supplementary

Claim Form



Section 1: Policy Details

This form is for completion by the Consultant Anaesthetist who provides the services listed below in accordance with the Vhi Anaesthesia Ground Rules contained in the Vhi Schedule of Benefits for Professional Fees.

Please ensure that this form is attached to the patient's Vhi Claim Form.

This form allows the Consultant Anaesthetist to report in detail, the patient services shown below. You should submit this form together with a copy of your account.

1.1 Quote Policy No. Here:

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Claim Number (if available):

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1.2 Patient's Name: _____

1.4 Patient's Date of Birth:

D	D	M	M	Y	Y
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1.3 Patient's Address: _____

Section 2: Hospital Details

2.1 Name of Hospital: _____

2.2 Date of Admission:

D	D	M	M	Y	Y
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2.3 Date Anaesthetic given:

D	D	M	M	Y	Y
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2.4 Date of Discharge:

D	D	M	M	Y	Y
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Section 3: General Anaesthetic - for procedures normally only requiring monitored anaesthesia care

3.1 What were the indications for administering a general anaesthetic? _____

3.2 What anaesthetic drugs were administered and in what dosages? _____

3.3 What form, if any, of airway support was used? _____

Section 4: Multiple Procedures - See Anaesthetic Ground Rule 4 for definition

4.1 Please give a full description of each procedure and code including the sites involved: _____

4.2 What was the total time in the theatre for the procedures? hrs mins

Section 5: Services Rarely Provided, Unusual or New

5.1 Has agreement been reached with Vhi that the service is eligible for benefit? Yes No

5.2 What was the diagnosis? _____

5.3 Please give a detailed description of the procedure(s) performed: _____

5.4 Please state type and duration of anaesthetic administered: _____

5.5 Were any monitoring procedures employed? Yes No If Yes, please give details: _____

5.6 Give details of the post-operative care: _____

5.7 Was any special pre-operative care given? Yes No If Yes, please give details: _____

Section 6: Declaration

Data Protection

The personal data and health related data provided in this claim form will be processed in accordance with our Data Protection Statement and the requirements of the Data Protection Legislation.

I hereby certify that the treatment specified was necessitated by the illness described by me above.

X Consultant's Signature
(You must sign here)

Consultant Code:

Date:

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) 444 4444 or 1890 44 44 44.

Lines open 8am-7pm Monday to Friday and 9am-3pm Saturday.

Contact: Vhi.ie

Vhi.ie/contact

