

# Appliance Claim Form



## Section 1: Your contact details

Please complete all the boxes using blue or black ink.

Policy Holder's/Member's Name and Address:

Policy Numbers:

1. Home Contact Number:

2. Mobile Contact Number:

3. Email Address: \_\_\_\_\_

Please note the address you provide here 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**.

By providing your mobile number you agree to receive SMS text updates on the status of this claim.

## Section 2: Your payment details

Current Account Name: \_\_\_\_\_

International Bank Account Number:

Bank Identifier Code:

Bank/Building Society Name and Address: \_\_\_\_\_

## Section 3: Persons for whom you are claiming

Please complete the first name (including assumed name/s), surname and date of birth for each person for whom you are claiming including the Policyholder, where relevant.

First Name	Assumed Name/s	Surname	Date of Birth (DD MM YY)
			<input type="text"/>
			<input type="text"/>

## Section 4: HSE Contribution

The following details **must** be provided:

Have you made an application to the HSE for a contribution? Yes  No

If Yes, has the HSE agreed to allow a contribution? Yes  No

What is the value of the contribution? €





## Section 5: Appliance details

Please complete the details of the appliance benefits for which you are claiming:

Appliance Details	Date	Cost



The benefit payable for appliances is outlined in your Table of Benefits and in accordance with the Rules - Terms and Conditions which you received on joining and is available at **Vhi.ie** or on request. Please note that an annual excess will be applied to each member's claim, as outlined in the Table of Benefits. The excess deducted will depend on the cover held by the member at the renewal date prior to the treatment.

**Your claim must be submitted within 3 months of the end of your annual contract.**

## Section 6: Other insurance details

In accordance with the Claims Section of your Rules - Terms and Conditions, if other insurance is held that would provide benefit for any of the receipts being claimed you must tell us. Please indicate below:

6.1 Is other insurance held which would cover any of these receipts? Yes  No

If yes, please give details of:

6.2 Other Policy/policies held: \_\_\_\_\_

\_\_\_\_\_

6.3 Detail other insurers liability for each receipt submitted: \_\_\_\_\_

\_\_\_\_\_

## Section 7: Declaration

### 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** 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 expenses, details of which are submitted with this form, were incurred by me and/or members covered under my policy in respect of services received during the insurance period stated below. I authorise and request any hospital, specialist, physician or other health provider to furnish Vhi with such information as Vhi may seek from them in connection with any treatment or other services provided to me or my dependants for the purpose of Vhi considering this claim. I have examined and accept the accounts submitted in respect of this claim and I declare that these accounts have not been altered or amended in any way.

PLEASE NOTE: IF A CLAIM SUBMITTED BY, OR ON BEHALF OF, A MEMBER IS CONSIDERED BY VHI TO BE FRAUDULENT OR DISHONEST AND SUBMITTED WITH A VIEW TO OBTAINING A BENEFIT UNDER A POLICY, NO BENEFITS WILL BE PAYABLE AND THE POLICY WILL BE CANCELLED.

Please indicate the dates of your insurance year to which this claim relates:  to

**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.



### Section 1 - Your Contact Details

Please complete your personal contact details in full. If you have changed address, please complete your new details and we will update our records.

### Section 2 - Your Payment Details

To ensure prompt payment of your claim, we can arrange to make payment directly into your bank account, provided you fill in your bank account details. If you do not provide these details or if you provide us with incorrect bank details we will pay you by cheque.

### Section 3 - Persons for whom you are claiming

Please complete this section with the name and date of birth of the person/persons for whom you are claiming. If assumed names are used on any invoices, ensure you give the assumed names on the claim form as without this information such invoices are not payable.

### Section 4 - HSE Contribution

Please ensure that you complete this section regarding HSE Contribution.

### Section 5 - Appliance details

When completing this section you need to complete a separate line for each appliance for which you are claiming. For example if you are claiming for two appliances you must complete two lines.

### Section 6 - Other insurance details

Complete details of other insurance held where relevant.

### Section 7 - Declaration

Please ensure that you sign and date your claim form. Incomplete claim forms will be returned, so please ensure that all sections have been fully completed.

### Benefits payable are those applicable to the renewal year for which you are claiming.

We require original receipts in order to process your claim and unfortunately we do not return originals. **Therefore we advise that you keep a copy of your receipts.** Your local tax office will accept your Vhi benefit statement, instead of your original receipts if you are making a Med 1 claim.

### Checklist

- Sign and date your claim form.
- Complete each section of the claim form in full.
- Attach original receipts.

Please return the completed form together with your receipts to:

**Vhi**  
**PO Box 11530**  
**Dublin 18**

