

# Benefit Direct to Member

## Claim Form



### Section 1: Policy Details - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age at time of admission).

- 1.1 Quote Policy No. Here:  from your Vhi membership card.
- 1.2 Patient's Name: \_\_\_\_\_ 1.4 Policy Holder's Name: \_\_\_\_\_
- 1.3 Patient's Address: \_\_\_\_\_ 1.5 Patient's Date of Birth:
- 1.6 Contact Telephone No.: \_\_\_\_\_
- 1.7 Email Address: \_\_\_\_\_

#### 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 or 1890 44 44 44.

### Section 2: Details of Hospital Admission - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age)

Where the claim follows a hospital admission, please complete the following section:

- 2.1 Hospital Name: \_\_\_\_\_
- 2.2 Date of Admission:  2.3 Date of Discharge:
- 2.4 Attending Consultant: \_\_\_\_\_ 2.5 Claim No.:

As benefits may vary according to your plan please refer to your Vhi Rules, Terms and Conditions of Membership and your Table of Benefits to understand the benefits you are entitled to under your current plan.

### Section 3: Claim Details - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age). Please place 'X' in required boxes

- 3.1 Claimant Name: \_\_\_\_\_
- 3.2 Benefit claimed:
- | Return Home Benefit      | Parent Accompanying Child | Cancer Care Support      | Child Nursing            | Post Natal Home Nursing Benefit | Diagnostic Tests         | Convalescent Home Nursing | Patient Support          | Manual Lymph Drainage    |
|--------------------------|---------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
- 3.3 Total expenses incurred: €  3.4 Date benefit commenced:
- 3.5 Total no. of occurrences:  3.6 Total benefit allowable: €



## Section 4: Patient or Parent/Legal Guardian (if patient is under 18 years of age at time of admission) Authorisation

### Data Protection Statement

In order to adjudicate on your claim, Vhi will process the personal data that 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 health insurance policies, whereas some processing of your personal data is optional. You can indicate your consent to the optional processing of your personal data below.

Vhi Insurance DAC of Vhi House, Lower Abbey Street, Dublin 1 is the company that controls and is responsible for processing the personal data in relation to your claim. It 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](http://Vhi.ie), or you can request a copy by calling us on **(056) 444 4444** or **1890 44 44 44**.

### Obtaining Copies of Your Medical Information

In order to process and to establish the eligibility and appropriateness of your claim we will 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.

### Optional Consents

We would like to process your personal data (or if you are a parent/legal guardian acting on behalf of a dependant under 18 years, the personal data you provide on their behalf) for the purposes set out below. This is entirely optional, and **will not affect the processing of the claim**.

- Advisory** I consent to Vhi processing personal data in relation to this claim, and past claims, including details of any medical conditions and treatment, in order to undertake analysis and profiling of medical and health insurance needs. I understand Vhi will use this to identify individual needs, which will help Vhi to tailor communications and advice to me in connection with the renewal of my policy either by post, phone, email or SMS (based on my chosen method of communication).
- Surveys** I consent to Vhi processing personal data in relation to this claim, and past claims, including details of any medical treatments, to allow Vhi to invite me to participate in surveys. If I am eligible to participate, I consent to Vhi contacting me to ask me to participate by post, phone, email or SMS (based on my chosen method of communication).
- Direct marketing** I consent to Vhi processing my personal data in relation to this claim, and past claims, including details of any medical conditions and treatments, to offer me personalised products and services which are relevant to my needs by post, phone, email or SMS (based on my chosen method of communication).

### Withdrawal of Consent

Please note that where you have given consent to Vhi processing your personal data you may also withdraw that consent at any time. If you would like to withdraw your consent, or if you have any other queries, or if you wish to change your chosen method of communication, please contact us using any of the following channels:

- **Post:** Vhi Healthcare, IDA Business Park, Purcellsinch, Dublin Road, Kilkenny.
- **E-Mail:** [info@vhi.ie](mailto:info@vhi.ie)
- **Phone:** (056) 444 4444 or 1890 44 44 44
- **Online:** MyVhi or the Vhi Health Assistant App

### Declaration – YOU MUST COMPLETE THE BELOW

I declare that the expenses, details of which are submitted within this form, were incurred by me and/or members covered under the policy in respect of services received during the applicable insurance period. 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**

**X** Signature of Patient or Parent/Legal Guardian

(on behalf of a dependant under 18 years at the time of admission)\*

Date:

\*For claims in relation to a dependant under 18 years at the time of admission, please note that all correspondence and relevant payments will be made to the Policyholder. If the dependant turns 18 while the claim is in progress, Vhi will continue to correspond with the Policyholder until the claim is concluded.

Vhi Insurance DAC trading as Vhi Insurance is regulated by the Central Bank of Ireland.

**Please check that you have entered your Policy Number in Section 1.**

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** or **1890 44 44 44**.

## 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: Please read this section before completing the claim form. As benefits may vary according to your plan, you are advised to refer to your Vhi Rules, Terms and Conditions of Membership and your Table of Benefits to understand the benefits you are entitled to claim under your plan.

### Where you are entitled to benefit under your plan the following benefits can be claimed using this claim form:

- > **Return Home Benefit** – Available following a hospital stay of 5 days or more on relevant plans.
- > **Parent Accompanying Child** – Travel and accommodation expenses for parent/guardian accompanying a child (under 14 years at last renewal date) during that child's hospital stay.
- > **Cancer Care Support** – Accommodation grant – available when a patient travels for out-patient cancer chemotherapy or radiotherapy treatment and is required to stay overnight in accommodation convenient to the hospital.
- > **Child Nursing** – Nursing care at home (for a member under 18 years of age at last renewal date) following a stay in hospital of 5 days or more.
- > **Post-Natal Home Nursing Benefit** – Home nursing, by a registered nurse, incurred within 3 days of delivery.
- > **Diagnostic Tests** – Benefit towards the cost of Diagnostic Tests following treatment.
- > **Convalescent Home Nursing**
- > **Patient Support** – Benefit towards the accommodation costs of a family member as detailed on relevant plans.
- > **Manual Lymph Drainage** – Benefit towards the cost of Manual Lymph Drainage following cancer treatment. The person giving the care must be a Physiotherapist or Physical Therapist or a member of MLD (Manual Lymph Drainage) Ireland.

### Please Note

- > Benefits will be paid in accordance with the terms and conditions of your Vhi Plan applicable at the date the expense was incurred.
- > **AS RECEIPTS WILL NOT BE RETURNED TO YOU, YOU MAY WISH TO RETAIN COPIES PRIOR TO SUBMISSION.**

**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

