

Benefit Direct to Member

Claim Form



Section 1: Policy Details - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

1.1 Quote Policy No. Here: from your Vhi membership card.

1.2 Policy Holder's Name: _____ 1.5 Patient's Name: _____

1.3 Policy Holder's Address: _____ 1.6 Patient's Date of Birth:

1.7 Contact Telephone No.: _____

1.8 Email Address: _____

1.4 Is this the Policy Holder's permanent address? Yes No

Section 2: Details of Hospital Admission - for completion by the Policy Holder/Member

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 Policy Holder/Member (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: 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.

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.

PLEASE ENSURE A DETAILED RECEIPT IS ATTACHED TO THE CLAIM FORM FOR EACH AMOUNT CLAIMED. AS RECEIPTS WILL NOT BE RETURNED, YOU MAY WISH TO RETAIN COPIES PRIOR TO SUBMISSION.

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 during the insurance year. I declare that to the best of my knowledge the foregoing statements are true in every respect.

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.

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.
- > All cheques will be made payable to the Policy Holder.
- > **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) 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

