

# Health Cash Plan

## Claim Form



### Section 1: Your contact details (Please complete all the boxes using blue or black ink)

Patient's or Parent/Legal Guardian's (if patient is under 18 years of age at time of signing the claim form) Name and Address

Policy Number:

1. Home Contact Number:

2. Mobile Contact Number:

(For Text Alerts - by providing your mobile number you agree to receive SMS text updates on the status of this claim).

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

### Section 2: Your payment details

As we will endeavour to send payment to your bank please complete the details below:

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

International Bank Account Number:

Bank Identifier Code:

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

*\*\*In the event that we are unable to progress payment electronically a cheque payment will be issued.*

### Section 3: Treatment types and number of receipts

Receipt Type	Number of Receipts	Receipt Type	Number of Receipts
GP Visit		Maternity/Adoption Benefit	
Public A&E		Dental Visit	
Private A&E		Optical Visit	
Consultant Consultations		Pathology	
SwiftCare		Radiology	
Physiotherapist		Ultrasound	
Alternative Therapies		PET-CT	
Complementary Therapies		MRI	
Hospital Benefit		Screening	

Please note the following:

- **Your claim must be submitted within 3 months of the end of your annual contract.**
- An annual excess will be applied to each member's claim. The amount of the excess deducted will depend on the cover held by the member at the renewal date prior to treatment.
- In order to assess receipts, please ensure that each receipt being claimed indicates the following necessary detail: patient name, date of service, charge, treatment carried out and full practitioner name and contact details.
- Please indicate above the number of receipts being submitted with your claim for each treatment type.
- We request mobile phone numbers so that we can call the claimant should we have any queries on the claim.



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

### 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.

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.

### 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 DECLARATION

**ALL ADULT CLAIMANTS (over 18 years of age) must complete and sign the sections below\***

If claiming for a Patient under 18, the Parent/Legal Guardian must also complete the final declaration.

### ADULT CLAIMANTS DECLARATION - Must be completed by **each** adult claimant

First Name (BLOCK CAPITALS)	Last Name (BLOCK CAPITALS)	Signature	Date of Birth	Mobile Number
			DD MM YY	
			DD MM YY	
			DD MM YY	
			DD MM YY	

Date: DD MM YY

### PARENT/LEGAL GUARDIAN DECLARATION - If claiming for a patient under 18 years, the section below must be completed by the Parent/Legal Guardian

First Name (BLOCK CAPITALS)	Last Name (BLOCK CAPITALS)	Signature	Date of Birth	Mobile Number
			DD MM YY	

Date: DD MM YY

\*For claims in relation to a dependant under 18 at the time of signing this form, please note that all correspondence and relevant payments will be made to the Policy holder.

Where receipts for more than 1 adult and/or child (under 18 years of age) are submitted, Vhi will correspond with, and issue cheque payments where applicable, to the Policy holder directly in relation to the receipts submitted.

**If you are an Adult (18 years of age or older) and you do not want payment to be issued to the Policy holder, you should submit your own claim form or use Snap & Send.**

**Snap & Send allows you to quickly submit your day-to-day claims from any device and we will pay directly into your bank account.**

**Snap & Send claiming can be accessed through MyVhi or the Vhi Mobile Health Assistant App.**

**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.

## 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 complete 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 - Treatment types and number of receipts

Please review the list of receipt types and if applicable complete the number of receipts in the box provided.

## Section 4 - Declaration

Please ensure that you provide the following information: First Name, Surname, Mobile Number, Date of Birth and Signature. Where a Patient is under 18 years of age, this information must be provided by the Parent/Legal Guardian within the relevant section. Incomplete claim forms will be returned, so take a moment to 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 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 Med1 claim.

## Checklist

- Policy number entered.
- Attach Original Receipts.
- Adult Claimants Declaration - Signed by each adult claimant.
- Parent/Legal Guardian Declaration - Signed when claiming for a patient under 18 years of age.
- Complete each section of the claim form.

Please return the completed form together with your receipts to:

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

