

Section 4: 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)

Please check that you have entered your Policy Number.

Date:

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

Section 5: Receipt details

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	

The benefits listed above may not be available on all plans.

The benefit payable for each treatment type is outlined in your Table of Benefits sent to you at renewal and in accordance with the Rules - Terms and Conditions available at Vhi.ie or on request.

Your claim must be submitted within 3 months of the end of your annual contract. You may submit up to a maximum of one claim per quarter.

Please note that an annual excess will be applied to each policy every renewal year. The amount of the excess will depend on the cover held by the member at the renewal date prior to treatment.

Section 6: Treatment types

GP Visit	Charges incurred for visits to a medical practitioner with a current full registration with the Irish Medical Council, who holds a primary medical qualification.	Maternity/ Adoption Benefit	Benefit payable on the birth or adoption of a child. The benefit is only payable once per policy per year.
Public AGE	Charges incurred for visits to an Accident and Emergency Department in a public hospital as listed in the Health Cash Plan Directory of Hospitals.	Dental Visit	Charges incurred for visits to a Dental Practitioner with a current full registration with the Irish Dental Council, who holds a primary dental qualification. He/she is community based and provides dental care.
Private AGE	Charges incurred for visits to an Accident and Emergency Department in a private hospital as listed in the Health Cash Plan Directory of Hospitals.	Optical Visit	Charges incurred for visits to an Optometrist for eye tests. The Optometrist must be registered with the Opticians Board.
Consultant Consultations	Charges incurred for visits to a Consultant who has a current full registration with the Irish Medical Council and fulfils the requirements as defined in your Rules - Terms and Conditions.	Pathology	Charges for out-patient pathology tests performed in an approved out-patient centre as listed in the Health Cash Plan Directory of Hospitals and out-patient centres.
SwiftCare	Charges incurred from the cost of an initial consultation with a General Practitioner in an approved Vhi SwiftCare Clinic as listed in the Health Cash Plan Directory of Hospitals (and Treatment Centres).	Radiology	Charges incurred for out-patient X-Rays/Scans listed in the Vhi Schedule of Benefits when carried out in an approved hospital or out-patient centre as listed in the Health Cash Plan Directory of Hospitals and out-patient centres. Please refer to your Rules - Terms and Conditions for further details.
Physiotherapist	Charges incurred for visits to a Physiotherapist as part of a once-off or regular treatment arising from a medical condition. The Physiotherapist must be a member of the Irish Society of Chartered Physiotherapists.	Ultrasound	Charges incurred for an Ultrasound listed in the Vhi Schedule of Benefits. The Ultrasound must be carried out in an approved hospital or out-patient centre as listed in the Health Cash Plan Directory of Hospitals and out-patient centres. Please refer to your Rules - Terms and Conditions for further details.
Alternative Therapies	Where treatment is provided by an Acupuncturist, Chiropractor, Osteopath, Reflexologist or Physical Therapist as defined in your Rules - Terms and Conditions.	PET-CT	Charges incurred for a PET-CT as listed in the Vhi Schedule of Benefits. The PET-CT must be carried out in one of the approved hospitals as listed in your terms and conditions booklet. Please refer to your Rules - Terms and Conditions for further details.
Complementary Therapies	Where treatment is provided by a Dietician, Occupational Therapist, Podiatrist/Chiropodist, Orthoptist and Speech Therapist as defined in your Rules - Terms and Conditions.	MRI	Charges incurred for an MRI as listed in the Vhi Schedule of Benefits. The MRI must be carried out in one of our approved MRI centres as listed in the Health Cash Plan Directory of approved MRI centres. Please refer to your Rules - Terms and Conditions for further details.
Hospital Benefit	Benefit payable following an in-patient overnight or day care stay in an approved hospital as listed in the Health Cash Plan Directory of Hospitals.	Screening	Charges incurred for specified medical tests or investigations, which are designed to identify certain characteristics, or the presence of or susceptibility to a particular disease or condition. Benefit only payable when the screening is carried out in a Vhi Medical Centre as listed in the Health Cash Plan Directory of Hospitals.

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 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 - 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.

Section 4 - Declaration

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

Section 5 - Receipt details

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

Section 6 - Treatment types

This section lists and provides you with a brief explanation of benefits covered by our range of plans. The cover you have depends on the plan you hold. If you would like information on the benefit provided by your plan please refer to your Table of Benefits and Rules - Terms and Conditions. You can download a copy of the latest Rules - Terms and Conditions on Vhi.ie/downloads or request a copy from us.

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

- 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

