



Section 4: 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:

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

If yes, please give details of:

4.2 Other Policy/policies held: _____

4.3 Detail other insurers liability for each receipt submitted: _____

Section 5: 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 www.vhi.ie or should you wish to contact us on **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 Limited trading as Vhi Insurance is regulated by the Central Bank of Ireland.

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.

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 in Section 6 the number of receipts being submitted with your claim for each treatment type.

Section 6: Treatment types

PLEASE INDICATE THE NUMBER OF RECEIPTS SUBMITTED FOR EACH TREATMENT TYPE.

GP Visits	No. of Receipts	Charges incurred for visits to a medical practitioner with a current full registration with the Irish Medical Council, who holds a primary medical qualification.	Pathology Technical Charges	No. of Receipts	Charges incurred for pathology tests other than consultant pathology fees in an approved Out-patient Centre.
Physiotherapy	No. of Receipts	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.	Radiology Technical Charges	No. of Receipts	Charges incurred for radiology tests other than consultant radiology fees in an approved Out-patient Centre. Please note MRI claims should be submitted on a different claim form that is available at www.vhi.ie
Complementary Therapies	No. of Receipts	Where treatment is provided by a Dietician, Occupational Therapist, Podiatrist/Chiroprapist, Speech Therapist and/or Clinical Psychologist as defined in your Rules - Terms and Conditions.	Pre- & Post-Natal Care	No. of Receipts	Pre- and post-natal care services carried out by a GP, Consultant or Midwife (as defined in your Rules - Terms and Conditions) in the year of the birth.
Alternative Therapies	No. of Receipts	Where treatment is provided by an Acupuncturist, Chiropractor, Osteopath or Reflexologist or as defined in your Rules - Terms and Conditions.	Clinical Psychologist Visits	No. of Receipts	Charges incurred for clinical psychology visits to a Clinical Psychologist who is a member of the Psychological Society of Ireland.
A&E Levy	No. of Receipts	Charges incurred from visits to an Accident and Emergency Department in respect of the out-patient levy.	Dean Clinic Mental Health Assessment	No. of Receipts	Charges incurred for the cost of a mental health assessment in an approved Dean Clinic centre.
Optical (Eye Tests, Glasses/Lenses)	No. of Receipts	Charges incurred for eye tests and/or prescription spectacles and contact lenses. Eye tests must be carried out by an Optometrist registered with the Opticians Board or by an Ophthalmic Surgeon or Ophthalmic Physician registered with Vhi.	Dean Clinic Mental Health Therapy	No. of Receipts	Charges incurred for the cost of a mental health therapy session in an approved Dean Clinic centre.
Hearing Tests	No. of Receipts	Charges incurred for a hearing test carried out by an Audiologist who is registered with the Irish Society of Audiology or the Irish Society of Hearing Aid Audiologists.	Foetal Screening	No. of Receipts	Charges incurred for chorionic villus sampling, amniocentesis and cordocentesis.
Travel Vaccination	No. of Receipts	Charges incurred for vaccinations administered by a GP or Consultant in preparation for travel to certain countries.	Ante-Natal Day Course	No. of Receipts	Charges incurred by members for attending an approved ante-natal course over a single day to help them prepare for the birth of their child. Courses must be given by a qualified Midwife as defined in your Rules - Terms and Conditions.
Baby Massage Classes	No. of Receipts	Charges incurred for attending baby massage classes which are carried out by members of the International Association of Infant Massage within one year of the birth of your child.	Breastfeeding Consultations	No. of Receipts	Charges incurred for a member's consultation session with a qualified Midwife (as defined in your Rules - Terms and Conditions) within one year of the birth of your child.
Consultant Paediatrician	No. of Receipts	Charges incurred for the first visit of your child to a Consultant Paediatrician within one year of the birth.	Prescription Costs	No. of Receipts	Drugs or Medicines prescribed by a General Practitioner, Consultant or Dental Practitioner.
Child Counselling	No. of Receipts	Charges incurred for visits by a member who is under the age of 16 and has been referred by a GP or Consultant to a Clinical Psychologist registered with the Psychological Society of Ireland.	Ear Piercing Costs	No. of Receipts	Charges incurred for ear piercing within 12 weeks of the birth – receipts must indicate service type of ear piercing.
Consultant Visits	No. of Receipts	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.	Post-Natal Home Help	No. of Receipts	Charges incurred for Home Help carried out by a recognised Vhi provider – see vhi.ie/prepostnatal/index.jsp
Consultant Pathologist Fees	No. of Receipts	Charges incurred for Consultant Pathologist fees.	Infertility Benefit	No. of Receipts	Charges incurred for certain IVF treatments carried out by a recognised Vhi provider – see https://www.vhi.ie/claims/pmi0411memberbenefits.jsp
Consultant Radiologist Fees	No. of Receipts	Charges incurred for Consultant Radiologist fees.	Braille Machine	No. of Receipts	Charges incurred for purchase of a Braille Machine – which must be indicated on the receipt.
			Physical Therapy	No. of Receipts	Charges incurred for visits to a Physical Therapist who is a registered member of the Register of Physical Therapists of Ireland or a member of the Association of Physical Therapists or a member of the Irish Institute of Physical Therapists.

The benefits listed above are not 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 www.vhi.ie or on request.

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

Please note that 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.

الجزء الأول - بيانات الاتصال الخاصة بك

الرجاء إكمال بيانات الاتصال الشخصية الخاصة بك بالكامل. إذا كنت قد قمت بتغيير العنوان، فالرجاء إدخال بياناتك الجديدة وسنقوم بتحديث سجلاتنا.

الجزء الثاني - تفاصيل الدفع الخاصة بك

لضمان الدفع الفوري لمطالبتك، يمكننا الترتيب لإرسال المبلغ المدفوع إلى حسابك المصرفي مباشرة، شريطة أن تقوم بإدخال بيانات حسابك المصرفي. إذا لم تقم بتقديم هذه البيانات أو إذا قدمت لنا بيانات مصرفية غير صحيحة، فسيتم الدفع عن طريق الشيكات.

الجزء الثالث - الأشخاص أصحاب المطالبات

الرجاء إكمال هذا الجزء باسم وتاريخ ميلاد الشخص/الأشخاص أصحاب المطالبات.

الجزء الرابع - الإقرار

الرجاء التأكد من توقيع نموذج المطالبة الخاص بك وكتابة التاريخ عليه. ستم إعادة نماذج المطالبات غير الكاملة إلى مقدميها، لذا توقف لحظة للتأكد من إكمال كافة الأجزاء بالكامل.

الجزء الخامس - بيانات الإيصالات

الرجاء مراجعة القائمة الخاصة بأنواع الإيصالات. وإن أمكن، فقم بإدخال عدد الإيصالات في المربع المقابل.

الجزء السادس - أنواع العلاج

يقدم هذا الجزء سرداً وشرحاً موجزاً للنفقات الطبية اليومية التي تتم تغطيتها بموجب الخطة الخاصة بك. إذا كنت تريد الحصول على معلومات حول المزايا المقدمة بموجب الخطة الخاصة بك، فالرجاء الاتصال بنا للحصول على نسختك.

يُقصد بالمزايا مستحقة الدفع تلك المزايا التي تنطبق على سنة التجديد التي شهدت تقديم المطالبة.

وسوف نطلب منك تقديم الإيصالات الأصلية لمعالجة مطالبتك، ولكننا للأسف لا نقوم بإعادة النسخ الأصلية. لذلك، فإننا ننصحك أن تحتفظ بنسخة من إيصالاتك.

قائمة المراجعة

- التوقيع وكتابة التاريخ على نموذج المطالبة الخاصة بك.
- إكمال كل جزء من أجزاء نموذج المطالبة بالكامل.
- إرفاق الإيصالات الأصلية.
- يجب إكمال النموذج باللغة الإنجليزية.

الرجاء إرسال النموذج بعد إكماله وكذلك الإيصالات الخاصة بك إلى:

Vhi
PO Box 11997
Dublin 18

