

Claim Form



Please complete all the boxes using blue or black ink.

Section 1 Your Contact Details

1.1 Policy Numbers:

1.5 Patient's or Parent/Legal Guardian's (if patient is under 18 years of age) Name and Address:

1.2 Home Contact Number:

1.3 Mobile Contact Number: (For Text Alerts)

1.4 Email Address (CAPS please):

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.

Section 2 Declaration

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.



Declaration: *IMPORTANT* - All adults over 18 must sign here:

Signature	Date of Birth	Mobile Number
	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>	
	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>	
	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>	
	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>	
Date: <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div></div>		



Declaration: *IMPORTANT* - Parent/Legal Guardian must sign here:

Signature	Date of Birth	Mobile Number
	DD MM YY	
Date: DD MM YY		

Continued overleaf



Section 2 Declaration continued

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 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, or you can request a copy by calling us on **(056) 444 4444**.

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.

Section 3 Your Payment Details

Current Account Name:

International Bank Account Number:

Bank Identifier Code:

Bank/Building Society Name and Address: _____

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 Emergency Dental

(Only to be completed when making a claim for emergency dental treatment)

5.1 Date of the accident to which your claim refers:

Please note this benefit is not applicable on all plans.

Section 6 Treatment Types and Number of Receipts

(Please indicate the number of receipts submitted for each treatment type).

	Treatment Type	Number of Receipts	Total Cost of Receipts
1			
2			
3			
4			
5			
6			
7			
8			
9			

Instructions for submitting Claims Please read carefully

Please ensure that ALL sections of this claim form are completed in **BLOCK CAPITALS**.

If you are claiming for an adult (over 18) currently insured on your policy they must sign the claim form in Section 2.

If you are claiming for a dependant under 18 the Parent/Legal Guardian must sign the claim form in Section 2.

How to make a Claim

Gather all your original receipts for each insured person on your policy – till receipts, visa receipts are not acceptable.

Receipts are not returned so it is a good idea to retain a copy.

Ensure that each receipt indicates the patient's name, date and type of treatment or service, charge amount and the practitioner's details – where a receipt has more than one treatment/service a breakdown of each charge is required in order to issue correct benefit.

Complete this claim form making sure each section is completed.

Send your completed form together with the receipts to Vhi, PO Box 11530, Dublin 18.

Benefits are paid according to your Table of Benefits (TOB's) in the renewal year for which you are claiming.

An annual excess will be applied to each customer's claim. The amount of the excess deducted will depend on the cover held by the customer at the renewal date prior to treatment.

The TOB's can be downloaded at vhi.ie/downloads.

Important

We request mobile phone numbers so that we can call the claimant should we have any queries on the claim and/or to provide SMS text alerts.

If your bank account details are not provided or if they are incorrect, we will pay you by cheque.

If you are an adult over 18 and you do not want payment to be issued to the Policy holder, you should submit your own claim form or use Snap & Send where payments can be issued directly to your bank account.

Vhi will correspond with and issue payments where applicable to the Policy holder directly in relation to the receipts submitted with each claim form – this includes a dependant under 18 at the time of signing the form.

Your local tax office will accept your Vhi benefit statements (sent to you following assessment of your claim), instead of your receipts.

Continued overleaf

Checklist

If all information is not supplied we will not be able to process your claim.

Before submitting your claim please ensure:

- ✓ 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.

Did You Know?

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

S&S claiming can be accessed through **MyVhi** or the **Vhi Mobile App**.

Please return the completed claim form and receipts to:

Vhi
PO Box 11530
Dublin 18



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

DECEMBER 2024
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