

# Vhi Dental Claim Form



## INSTRUCTIONS FOR SUBMITTING CLAIMS – PLEASE READ CAREFULLY

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

A new claim form must be completed for each insured person. You should complete and sign **SECTION A**. Your dentist or an authorised member of the dental practice should complete and sign **SECTIONS B** and **C** as appropriate.

**Please note that under the PRSI dental scheme you may be entitled to a FREE annual examination in Ireland, this will not affect your claims limits, please check with your dentist if you are eligible before completing the claim form.**

**Benefits are remitted according to your table of benefits.** This can be downloaded at [www.vhi.ie/downloads](http://www.vhi.ie/downloads)

### OVERSEAS COVER

If you require treatment whilst abroad, please obtain a detailed receipt in english and submit this with your claim form. Reimbursements will be related to your selected level of cover and the individual benefits listed. Settlements will be made in euro.

**Please note:** we are only able to accept receipts that have been translated into english, so you must arrange for this to be done before submitting them to us. You are responsible for the cost of any translation.

### ACCIDENT OR SPORTS INJURY

If you need dental treatment following an accident or a sports injury, you must inform the claims administrator within 7 days of the accident or as soon as reasonably possible. Please provide full details of the circumstances regarding the accident or injury

## HOW TO MAKE A CLAIM

- 1 Complete **SECTION A** of this form and **bring it with you when you go to the dentist**
- 2 Once the treatment has been carried out, please get your dentist or an authorised member of the practice to complete **SECTION B** and **C** of this form. Please ensure **SECTION B** and **C** are fully itemised showing all treatments received and signed as appropriate
- 3 Settle the bill with your dentist and get a receipt
- 4 Send the fully completed claim form (1 form per patient) – together with the original payment receipts to Vhi Dental Claims
- 5 Your claim will be paid into your bank account within 10 working days

Please ensure that completed claim forms **reach us within 180 days of completion of each item of treatment**.

Please note that benefits will **NOT** be paid in respect of claims which arrive beyond this period.

**Note:** If your dentist is in the **Vhi Dental Network**, you can avail of **Dentist Direct Pay**. You still need to complete **SECTION A** of this Claim form. You will only need to pay the dentist for any costs not covered by your policy. Your dentist will submit the claim and will be reimbursed directly by us. If you wish to avail of Dentist Direct Pay you must phone Vhi Dental before you attend the dentist. For more details visit [www.vhi.ie/dental](http://www.vhi.ie/dental)

## IMPORTANT

**Your policy number must be included, the tooth numbers must be entered where applicable and the dentist must be identified by his/her IDC/GDC number on the claim form**

If you have questions about your claim, call our **DENTAL CLAIMS HELPLINE** on **046 9077 337** from 8:30am - 6pm, Monday to Friday, 9am - 2pm, Saturday. Our experienced staff will be happy to help.

## CLAIM CHECK LIST

**Please ensure you have:**

- |  |                          |
|--|--------------------------|
| Filled in and signed section A                           | <input type="checkbox"/> |
| Entered your bank details                                | <input type="checkbox"/> |
| Your dentist has filled in section B with relevant costs | <input type="checkbox"/> |
| Attached all receipts                                    | <input type="checkbox"/> |
| Section C is complete with dentist IDC/GDC number        | <input type="checkbox"/> |
| The dentist has stamped and signed the form              | <input type="checkbox"/> |

## SECTION A INSURED DETAILS: TO BE FILLED IN BY MEMBER

Name of policyholder			
Name of member			
Policy number		Member date of birth	
Payment to	Dentist <input type="checkbox"/> If dentist, bank details are not required on this form Member <input type="checkbox"/> If member, please enter bank details below		
Total claimed	€		
IBAN			
BIC			
Member address			
Email		Do you wish to receive settlement details by email?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact numbers	Home	Mobile	
<b>Was this treatment received as a result of an emergency abroad or following an accident?</b> If yes, please provide full details on a separate sheet.			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does the claimant hold dental insurance or any form of dental or medical insurance with any other provider?</b> If yes, please provide details below:			
Provider:		Policy number:	
<b>CUSTOMER DECLARATION</b>			
<p>I confirm that the facts stated on this form are true, accurate and correct to the best of my knowledge. I give authority to the insurers or their representatives to contact my dental practitioners for full details of my dental or medical records and any additional information required in connection with this claim. I understand that the information provided in relation to this claim may be shared with other insurers for the purposes of eliminating insurance fraud. I further authorise Intana to disclose all records they hold in relation to my policy, and any claim made or assistance provided under my policy, to the Voluntary Health Insurance Board of Vhi House, Lower Abbey Street, Dublin 1. I understand that such records may include confidential medical information or other material of a sensitive nature.</p> <p>I/We hereby grant Collinson Insurance Services Limited full rights to recover compensation from a liable third party any payments made on My/Our behalf. I/We further agree to fully co-operate with any such recovery efforts from a liable third party or parties.</p>			
<b>DATA PROTECTION AND CONSENT:</b>			
<p>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 and by the insurer and their representatives 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 when standards are not met.</p> <p>On the basis that Vhi shall only seek medical data relevant to this claim, I can confirm that I give explicit consent to my data, including up to date medical diagnoses information, being held, used and processed for the purposes described above, including the purpose of undertaking investigations into, and to adjudicate on, my claim (including the length of my hospital stay and the treatment I received).</p> <p>You have the right, subject to certain exemptions, to access any personal data that we hold about you (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 Office, Vhi House, 20 Lower Abbey Street, Dublin 1.</p> <p>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 <a href="http://www.vhi.ie">www.vhi.ie</a> or should you wish to contact us on <b>1890 44 44 44</b> or <b>(056) 444 4444</b>, you can request a hard copy.</p>			
<b>DECLARATION:</b>			
<p>I declare that the information completed above at the time of signing this declaration is true in every respect. I authorise the consultant/treatment facility concerned to supply all necessary information to Vhi or its duly authorised agents acting on its behalf including, if requested, copies of my hospital/medical records in relation to this claim regarding treatment or services received by me.</p> <p>I also authorise Vhi to pay the appropriate benefits for services provided to the treatment facility and consultants concerned. I understand that details of these amounts will be included in my Vhi statement of payment, and I will contact Vhi directly with any queries. Charges which are not eligible for benefit will remain my responsibility to settle directly with the consultant/treatment facility concerned.</p>			
Policy Holder's/Member's Signature			Date

## SECTION B CLAIM DETAILS: TO BE FILLED IN BY A DENTIST OR AUTHORISED MEMBER OF THE PRACTICE

INVESTIGATION AND PREVENTATIVE TREATMENTS				
Code	Treatment	Qty	Treatment date	€ Fee
120	Examination			
150	Extensive examination			
180	Periodontal examination			
230	X-rays small (each)			
272	X-rays bitewing series			
330	X-rays panoramic or complete series			
240	X-rays occlusal			
1110	Scale & polish			

EMERGENCY TREATMENT (OUT OF HOURS)				
Code	Treatment	Tooth no. required	Treatment date	€ Fee
9110	Treatment of dental pain			
2940	Protective restoration			
9630	Prescriptions			

BASIC TREATMENTS: FILLINGS & SEALANTS		Surface required for fillings		
Code	Treatment	Tooth no. required	Treatment date	€ Fee
1351	Fissure sealant			
2140	Silver filling			
2150				
2160				
2161				
2391	White filling			
2392				
2393				
2394				

BASIC TREATMENTS: PERIODONTAL		Tooth no. required	Treatment date	€ Fee
4341	Perio scaling			
4910	Perio maintenance			
4355	Full mouth debridement			

BASIC TREATMENTS: EXTRACTIONS		Tooth no. required	Treatment date	€ Fee
7140	Tooth extraction (general practice)			
7210	Surgical extraction (specialist)			

BASIC TREATMENTS: CROWNS		Tooth no. required	Treatment date	€ Fee
2930	Stainless steel crown			

MAJOR TREATMENTS: CROWNS, INLAYS AND ONLAYS		Tooth no. required	Treatment date	€ Fee
DO25	Onlay			
DI26	Inlay			
2752	Porcelain crown			
2952	Post & core			
2920	Recement crown			
2980	Repair crown			
2962	Porcelain veneer			
2960	Composite veneer			

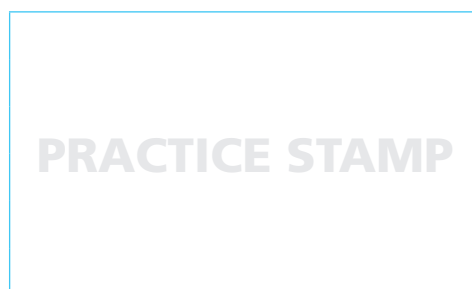
**SECTION B CLAIM DETAILS: [CONTINUED]**

MAJOR TREATMENTS: BRIDGES & IMPLANT CROWNS				Tooth no. required		Treatment date		€ Fee	
6242	Pontics								
6752	Bridge retainer								
6058	Implant crown								
MAJOR TREATMENT: ROOT CANALS				Tooth no. required		Treatment date		€ Fee	
3310	Root canal canine or incisor								
3320	Root canal premolar								
3330	Root canal molar								
3220	Pulpotomy								
MAJOR TREATMENT: DENTURES		Date	€	Tooth no. required		(TN)	Date	€	
5110	Full upper			5213	Chrome P/-				
5120	Full lower			5214	Chrome -/P				
D57R	Reline			5211	Acrylic P/-				
D56R	Repair			5212	Acrylic -/P				
5650	Adjustment								
IMPLANT UPGRADE				Tooth no. required		Treatment date		€ Fee	
6010	Dental implant								
ORTHODONTICS				Date treatment commenced		Estimate treatment length in months (IOTN)		€	
8030	Limited ortho treatment								
8060	Interceptive ortho treatment								
8080	Comprehensive treatment child up to 18								
8090	Comprehensive treatment adult (IOTN Needed)								
BASIC TREATMENTS: SPACE MAINTAINERS (CHILDREN)				Date appliance fitted		Missing tooth number(s)		€	
D1505									
<b>Miscellaneous items</b> List all other treatments not listed above									
<b>TOTAL VALUE OF CLAIM</b>									

**SECTION C DENTIST DETAILS: TO BE SIGNED BY A DENTIST**

I confirm that the above patient has received the treatment detailed above.

DENTIST DETAILS AND STAMP	
IDC/GDC number	
Name	
Signature	
Practice phone number	
Vhi dental network number	



Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Collinson Insurance Services Limited for Vhi Dental Insurance, which is underwritten by Great Lakes Insurance SE, UK Branch.