

Treatment Abroad

Claim Form



Before completing this form please read the attached 'Guidelines to making a Claim'.

Section 1 Hospital Details

(For completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age)). (Please place 'X' in required boxes).

1.1 Hospital Name: _____

1.2 Date of Admission: 1.3 Date of Discharge:

Section 2(A) Policy Details

(For completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age)).

2.1 Quote Policy No. Here: from your Vhi membership card.

2.2 Patient's Name: _____ 2.4 Policy Holder's Name: _____

2.3 Patient's Address: _____ 2.5 Patient's Date of Birth:

_____ 2.6 Contact Telephone No.: _____

_____ 2.7 Email Address (CAPS please):

Please check that you have entered your Policy Number.

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(B) Payment Details

Use Existing Bank Details* ☐ * Bank details previously provided for Snap&Send claims Pay by Cheque ☐

Alternatively complete the following:

Current Account Name: _____

International Bank Account Number:

Bank Identifier Code:

Bank/Building Society Name and Address: _____

Please refer to "Guidelines to making a Claim" for further details on completing this section.



Section 3 Patient or Parent/Legal Guardian (if patient is under 18 years of age at time of admission) Authorisation

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, 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.

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 Signature of Patient or Parent/Legal Guardian

(on behalf of a dependant under 18 years at the time of admission)*

Date:

*For claims in relation to a dependant under 18 years at the time of admission, please note that all correspondence and relevant payments will be made to the Policyholder. If the dependant turns 18 while the claim is in progress, Vhi will continue to correspond with the Policyholder until the claim is concluded.

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

Section 4 Travel Details

(For completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age)). (Please place 'X' in required boxes).

A copy of travel/flight details must be submitted with the claim.

4.1 Please indicate the patient's reason for travel: Business ☐ Holiday ☐ Other ☐

4.2 If other, please specify: _____

4.3 Travel Dates (outward journey): Date:

4.4 Travel Dates (inward journey): Date

4.5 Did the patient travel abroad specifically for the treatment which is the subject of this claim? Yes ☐ No ☐

4.6 Is patient ordinarily resident outside Ireland? Yes ☐ No ☐

4.7 If Yes, please provide details: _____

4.8 Did the patient make contact with Vhi World Medical Assistance as advised on the Vhi Membership Card? Yes ☐ No ☐

4.9 If Yes, please give contact date: and Vhi Reference Number:

4.10 Did the patient have Travel/Accident Insurance covering this trip abroad? Yes ☐ No ☐

Section 4 continued on next page

Section 4 Travel Details *continued*

4.11 If Yes, please specify details:

Travel Policy Number:

Travel Policy Excess: € .

Travel Agency: _____

Travel Insurance Company: _____

4.12 Describe Cover/Plan: _____

Section 5 History of Illness

(For completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age)). (Please place 'X' in required boxes).

5.1 Name of doctor first attended: _____

5.2 Date of first consultation:

5.3 Doctor's Address: _____

5.4 Has this patient had this or a similar illness before? Yes ☐ No ☐

5.5 If Yes, please give date and details: Date:

Details: _____

5.6 Are any of these expenses fully or partially recoverable from any other source? Yes ☐ No ☐

5.7 If Yes, please give details: _____

Section 6 Injury Details

(For completion in all cases involving injury (even if no third party is involved)). (Please place 'X' in required boxes).

6.1 Date of accident/injury:

6.2 Where did accident/injury occur: _____

6.3 Brief description of how the accident/injury occurred: _____

6.4 Do you intend to pursue a legal claim against a third party (parties)? Yes ☐ No ☐

6.5 Name and address of solicitor (where applicable): _____

In consideration of Vhi discharging my hospital and medical expenses to the extent of my cover limits and in accordance with the Rules of my contract with Vhi, I agree to include these expenses as part of my current (or future) claim against a third party(ies). Where I pursue a claim against a third party, either through the Courts or other Tribunals/Boards (and where I have legal representation), I hereby irrevocably authorise the solicitor(s) representing me in making that claim to furnish to Vhi an undertaking in the following form: "In consideration of Vhi discharging the eligible hospital and medical expenses of my client, I hereby agree to include as part of my client's claim the monies so paid by Vhi (details of which will be supplied to me by Vhi) and subject to any court order to the contrary, to repay to Vhi – out of the net proceeds of the settlement that come into our hands – all monies recovered in respect of such expenses paid by Vhi." Where my claim is adjudicated upon by the Injuries Board or the Criminal Injuries Compensation Tribunal and where I do not engage legal representation, I hereby agree to include as part of my claim the monies so paid by Vhi (details of which will be supplied to me by Vhi) and subject to any order/award to the contrary, to repay to Vhi – out of the net proceeds of the settlement that come into our hands – all monies recovered in respect of such expenses paid by Vhi. I further authorise Vhi to provide the Injuries Board, defence insurer and/or my legal representative with details of all claims paid by Vhi relating to my third party case and for the Injuries Board/my legal representative to release to Vhi full details of the Injuries Board assessment or other agreed settlement with a third party. In circumstances of an anticipated reduced settlement I agree to contact Vhi upon it being made known to me that monies so paid by Vhi may not be fully recoverable. When a reduced settlement has been agreed, I will provide Vhi with a Certificate from my legal representatives in the format agreed between the Law Society and Vhi confirming that the net proceeds recovered is the amount actually recovered. In addition, I agree to provide a Certificate from Counsel (if Counsel was instructed in relation to the settlement/hearing), confirming the veracity of the net proceeds recovered.

Section 7 Expenses being claimed

Item No.	Date of Service	Service/Treatment and By Whom	Cost (including Currency)	Paid by you? (Yes or No)

Section 8 Medical History and Treatment

(For completion by the Admitting Doctor). (Please place 'X' in required boxes).
The medical information must be completed in English.

Please note: Section 8.1 to 8.6 must be completed in full OR:

Attach a medical report with a detailed discharge summary stating date of admission; medical investigations performed and their results; surgical treatment performed; dates; attendees and surgical outcome. Please also outline patient medical condition on discharge and any proposed follow-up treatment.

8.1 Nature of symptoms/signs: _____

HOURS DAYS WEEKS MONTHS YEARS

8.2 Duration of symptoms/signs:

8.3 Date patient first consulted you with symptoms/signs:

8.4 Was admission: Planned ☐ Emergency ☐ 8.5 Has the patient a history of this condition? Yes ☐ No ☐

8.6 If Yes, please give date and details: Date:

Details: _____

Section 9 Diagnosis

(For completion by the Admitting/Attending Doctor).

9.1 Please list primary, secondary and other diagnoses, indicating whether acute, sub-acute or chronic:

Primary Diagnosis: _____

Secondary/Other Diagnoses: _____

Section 10 Doctor Declaration

I hereby certify that the treatment specified was necessitated by the illness described by me above, and that the full stay in hospital was justified by the patient's medical condition.

X Doctor's Signature (you must sign here)

Date:

Is this the correct Claim Form?

This claim form is used to claim for:

- ♥ Eligible expenses arising from acute/emergency treatment due to an unexpected illness or accident while on a temporary stay abroad, **or**
- ♥ Pre-approved planned/elective treatment abroad.

Planned/Elective treatment abroad that has **not** been approved in advance is not covered.

Receipts for day-to-day expenses should **not** be included with this claim.
These receipts should be claimed as part of a normal day-to-day claim.
Day-to-day expenses are outlined in your Table of Benefits (TOB's).

As receipts will not be returned, you may wish to keep copies prior to submission.

How to make a Claim

Gather all your original receipts – till receipts, visa receipts. Estimated or pro-forma invoices are not acceptable.
Invoices must be accompanied by proof of payment, i.e. a receipt.

If your claim is for:

- ♥ Eligible expenses arising from acute/emergency treatment then please complete Sections 1 – 7.
Sections 8 – 10 are to be fully completed by a medical practitioner or Section 9 only where medical report is included.
- ♥ Pre-approved planned/elective treatment – please complete Sections 1, 2 and 3 in full.

Benefit Payment Details

To ensure prompt payment of your claim, we can arrange to make payment directly into your bank account.

If you select the "Use existing Bank Details" option:

- ♥ We will use the details you have already included on Snap&Send for your claims payments.
- ♥ If you have not previously included details on Snap&Send for claims payment, we will pay you by cheque.
- ♥ For claims in relation to a dependant under 18 at the time of admission, payments will be made to the Policyholder using the bank details provided by them on Snap&Send or by cheque if no details previously provided.

By completing IBAN and BIC you are opting for payment to be made to this chosen bank account.
If incorrect bank details are provided, we will pay you by cheque.

Bank details provided on this claim form will **NOT** be stored for future use.

Failure to complete the claim form as required may delay the payment of your claim.

Important

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

For claims in relation to a dependant under 18 years at the time of admission, please note that all correspondence and relevant payments will be made to the Policyholder. If the dependant turns 18 while the claim is in progress, Vhi will continue to correspond with the Policyholder until the claim is concluded.

Benefits will be paid in accordance with the Terms and Conditions of the Vhi Plan applicable at the date the expense was incurred.

Checklist

- ✓ Policy number entered
- ✓ Attach original receipts
- ✓ Complete all relevant sections of Claim Form
- ✓ Medical report or Sections 8 – 10 completed
- ✓ Flight Details attached

Please return the completed claim form and receipts to:

Vhi
PO Box 10143
Dublin 18

Contact Information:

Dublin:	Vhi House, Lower Abbey Street, Dublin 1. Fax: (01) 873 4004
Cork:	Vhi House, 70 South Mall, Cork. Fax: (021) 427 7901
Kilkenny:	IDA Business Park, Purcellsinch, Dublin Road, Kilkenny. Fax: (056) 776 1741
Office opening hours:	10am-4pm Monday to Friday.
Tel:	(056) 444 4444. Lines open 8am-7pm Monday to Friday and 9am-3pm Saturday.
Contact:	vhi.ie vhi.ie/contact