



# Maternity Claim Form

## Non-Direct Payment



### Section 1: Hospital Details - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age at time of admission). Please place 'X' in required boxes

As receipt(s)/original documentation will not be returned, you may wish to retain copies prior to submission.  
Copy of birth certificate(s) is sufficient to submit so that you can retain the original.

1.1 Hospital Name: \_\_\_\_\_

1.2 Hospital Address: \_\_\_\_\_

1.3 Date of Admission/Service Start Date:

1.4 Time of Admission:   :

1.5 Date of Discharge/Service End Date:

1.6 Time of Discharge:   :

1.7 Hospital Invoice Value: €

1.8 Hospital Admission (Please provide details of all accommodation occupied during admission).

Type of Ward:	Please 'X'	Ward Name/Number:	Room Name/Number:	Bed Number:	Number of Beds in Room:	Number of Days:
Private Room	<input type="checkbox"/>					
Semi-Private Room	<input type="checkbox"/>					
Public Ward	<input type="checkbox"/>					

### Section 2(A): Policy Details - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age at time of admission). Please place 'X' in required boxes

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

2.2 Patient's Name: \_\_\_\_\_ 2.5 Policy Holder's Name: \_\_\_\_\_

2.3 Patient's Address: \_\_\_\_\_ 2.6 Patient's Date of Birth:

\_\_\_\_\_ 2.7 Contact Telephone No.: \_\_\_\_\_

\_\_\_\_\_ 2.8 Email Address: \_\_\_\_\_

2.4 Did you elect to be a private/semi-private patient of the admitting consultant? Yes  No

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 - Please place 'X' in required boxes

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: Inclusion of New Born Child - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age). Please place 'X' in required boxes

On completion of this section, your child will be insured without restriction or waiting period from date of birth.

3.1 First Name of Child: \_\_\_\_\_ Surname of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to Policy Holder: \_\_\_\_\_

Male:  Female:

Male:  Female:

3.2 Do you wish to include your child(ren) on your Vhi Hospital Policy? Yes  No

## Section 4: Home Birth - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age). Please place 'X' in required boxes

4.1 Was this a Home Birth? Yes  No

4.2 Have birth certificate(s) been included for your child(ren)? Yes  No

4.3 Number of receipts included:  4.4 Invoice Value: €



## Section 5: Patient or Parent/Legal Guardian (if patient is under 18 years of age) 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, whereas some processing of your personal data is optional. You can indicate your consent to the optional processing of your personal data below.

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.

### Optional Consents

We would like to process your personal data (or if you are a parent/legal guardian acting on behalf of a dependant under 18 years, the personal data you provide on their behalf) for the purposes set out below. This is entirely optional, **and will not affect the processing of the claim.**

- Advisory** I consent to Vhi processing personal data in relation to this claim, and past claims, including details of any medical conditions and treatment, in order to undertake analysis and profiling of medical and health insurance needs. I understand Vhi will use this to identify individual needs, which will help Vhi to tailor communications and advice to me in connection with the renewal of my policy either by post, phone, email or SMS (based on my chosen method of communication).
- Surveys** I consent to Vhi processing personal data in relation to this claim, and past claims, including details of any medical treatments, to allow Vhi to invite me to participate in surveys. If I am eligible to participate, I consent to Vhi contacting me to ask me to participate by post, phone, email or SMS (based on my chosen method of communication).
- Direct marketing** I consent to Vhi processing my personal data in relation to this claim, and past claims, including details of any medical conditions and treatments, to offer me personalised products and services which are relevant to my needs by post, phone, email or SMS (based on my chosen method of communication).

### Withdrawal of Consent

Please note that where you have given consent to Vhi processing your personal data you may also withdraw that consent at any time. If you would like to withdraw your consent, or if you have any other queries, or if you wish to change your chosen method of communication, please contact us using any of the following channels:

- Post: Vhi Healthcare, IDA Business Park, Purcellsinch, Dublin Road, Kilkenny.
- E-Mail: [info@vhi.ie](mailto:info@vhi.ie)
- Phone: (056) 444 4444
- Online: MyVhi or the Vhi Health Assistant App

### Authorisation – YOU MUST SIGN HERE

Where direct payment arrangements are in place with treatment facilities and/or medical practitioners, I declare that the information completed above at the time of signing this declaration to be true and accurate in every respect. I authorise Vhi to pay the appropriate benefits, for services provided, to the treatment facility and medical practitioners concerned. I understand that the 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 treatment facility/medical practitioner concerned. I authorise the medical practitioner/treatment facility concerned to supply all necessary information to Vhi and any duly authorised agents acting on their behalf. This includes, if requested, copies of my hospital/medical records in relation to this claim regarding treatment or services received by me. Where expenses were incurred and are payable by me in respect of services received during the applicable insurance period, details of which are submitted within this form, 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.

**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.

**Please check that you have entered your Policy Number in Section 2.**

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 6: Midwife Declaration

I hereby certify that I attended this patient for a Home Birth.

**X Midwife's Signature**

(You must sign here)

Bord Altranais Registration No.:

Date:

Midwife's Address

## Section 7: Delivery Details - for completion by the Admitting/Attending Consultant (Please place 'X' in required boxes)

**7.1** Patient's Name: \_\_\_\_\_

**7.2** Consultant's Name and Address: \_\_\_\_\_

Please 'X' as appropriate: **7.3** Admission: Planned  Emergency  **7.4** Delivery: Vaginal  C Section

**7.5** Date of Delivery:  **7.6** Time of Delivery: : **7.7** Time of Induction: : (if applicable)

**7.8** Medical reason for induction: \_\_\_\_\_

**7.9** Anaesthesia: General  Epidural  Both  **7.10** Were there any complications? Yes  No

**7.11** Please provide details of any significant complication which led to the patient being detained in hospital: \_\_\_\_\_

**7.12** Has a supplementary report been provided? Yes  No  **7.13** Did you personally deliver the infant? Yes  No

## Section 8: Other Services - for completion by the Admitting/Attending Consultant (Please place 'X' in required boxes)

**8.1** Did you request other Consultant(s) services? Yes  No

**8.2** Consultant(s) name(s) in full: \_\_\_\_\_

## Section 9: Discharge Status - for completion by the Admitting/Attending Consultant (Please place 'X' in required boxes)

**9.1** Home  Transfer to another hospital

## Section 10: Consultant Declaration

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

**X Consultant's Signature**

(You must sign here)

Consultant Code:

Date:

## Guidelines to making a Claim

It would help us give you a speedier service and keep down administration costs if you could observe these guidelines when submitting a claim.

- Sections 1, 2, 3, 4, and 5** are to be **fully** completed by the **Patient or Parent/Legal Guardian (if patient is under 18 years of age)**.
- Section 6** to be completed by the **Attending Midwife** when claiming benefit in relation to a home birth.
- Sections 7, 8, 9 and 10** are to be completed by the **Admitting/Attending Consultant**.
- Please attach all receipts securely to the form.

**This claim form should not be used to claim benefits for treatment in hospitals and treatment centres where Vhi has direct payment arrangements in place.**

### **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 Policy holder 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.**



## Claim Form Submission Address

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