

Convalescent Care

Claim Form - Benefit Direct to Member



To assist you in the completion of this form, please see 'Guidelines to making a claim' on the final page.

Section 1(A): Policy Details - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age at time of admission)

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

1.2 Patient's Name: **1.4** Policy Holder's Name:

1.3 Patient's Address: **1.5** Patient's Date of Birth:

1.6 Contact Telephone No.:

1.7 Email Address:

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 1(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 2: Convalescent Claim Details - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age)

2.1 Convalescent Care Facility Name:

2.2 Date of Admission to Convalescent Care:

2.3 Date of Discharge:

2.4 Total expenses incurred: €



Section 3: Details of Treatment in Facility - for completion by the Patient or Parent/Legal Guardian (if patient is under 18 years of age)

3.1 Hospital Name: _____

3.2 Date of Admission:

3.3 Date of Discharge:

3.4 Medical reason for referral to Convalescent care: _____

Note: In certain circumstances we may need to seek additional medical information to support your claim – Refer Section 5.

Section 4: Injury Details - for completion in all cases involving injury (even if no third party is involved) (Please place 'X' in required boxes)

4.1 Date of injury:

4.2 Place of injury: _____

4.3 Brief description of how the injury occurred: _____

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

4.5 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 5: 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, 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, Purcellsinn, Dublin Road, Kilkenny.
- E-Mail: info@vhi.ie
- Phone: (056) 444 4444
- Online: MyVhi or the Vhi Health Assistant App

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.

Please check that you have entered your Policy Number in Section 1.

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**.

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)**. Please note that **Section 4 (Injury Section)**, must be fully completed in all cases involving injury, even if no third party is involved.

Please attach all invoices, receipts and/or accounts securely to the form. AS INVOICES/RECEIPTS/ACCOUNTS WILL NOT BE RETURNED, YOU MAY WISH TO RETAIN COPIES PRIOR TO SUBMISSION.

ABOUT THE CONVALESCENT CARE BENEFIT

(This information is correct as of 01/06/24. Rules and benefits may change from time to time).

We will pay the benefit listed in your Table of Benefits towards convalescent care where each of the following is satisfied in full:

- (i) If the Consultant decides and Our Medical Director agrees, that it is necessary for medical reasons for You to receive convalescent care in a Convalescent Home **(Section 3 of claim form)**.
- (ii) If the care is immediately after a medically necessary stay in hospital which is eligible for benefit, even if the hospital is not covered by your Plan **(Section 3 of claim form)**
- (iii) If you stay in a Convalescent Home listed in the Directory of Convalescent Homes **(Section 2 of claim form)**. Call us for further details.

Benefit is payable for the first 14 nights towards the cost of the accommodation **(Section 2 of claim form)**.

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.

Checklist

- ☒ Policy number entered.
- ☒ Complete each section of the claim form.
- ☒ Parent/Legal Guardian Declaration – Signed when claiming for a patient under 18 years of age.
- ☒ Attach Original Receipts.



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