

# Day-to-Day Medical Expenses

## Claim Form



### Section 1: Your contact details

Please complete all the boxes using blue or black ink.

Policy Holder's/Member's Name and Address

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

Policy Number:

Is this the Policy Holder's permanent address?

Yes  No

1. Home Contact Number:

2. Mobile Contact Number:

By providing your mobile number you agree to receive SMS text updates on the status of this claim.

### Section 2: Your payment details

As we will endeavour to send payment to your bank please complete the details below:

Current Account Name: \_\_\_\_\_

International Bank Account Number:

Bank Identifier Code:

Bank/Building Society Name and Address: \_\_\_\_\_

*\*\*In the event that we are unable to progress payment electronically a cheque payment will be issued.*

### Section 3: Persons covered on your policy

Please complete the first name, surname and date of birth for each person for whom you are claiming.

First Name	Surname	Date of Birth (DD MM YY)
		DD MM YY
		DD MM YY
		DD MM YY
		DD MM YY
		DD MM YY

### Section 4: Declaration

Please indicate the dates of your insurance year that this claim relates to:

DD MM YY to DD MM YY

I declare that the expenses, details of which are submitted with this form, were incurred by me and/or members covered under my policy in respect of services received during the insurance year indicated in Section 4. I authorise and request any hospital, specialist, physician or other health provider to furnish Vhi Healthcare with such information as Vhi Healthcare may seek from them in connection with any treatment or other services provided to me or my dependant for the purpose of Vhi Healthcare considering this claim. 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 HEALTHCARE 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** Policy Holder's/Member's Signature  
(You must sign here)

Date:

Data Protection Notice - The information you provide becomes part of the personal data held by Vhi Healthcare and is automated. It is used for the payment of claims and for the provision and administration of health insurance products and related services. Full details of Vhi Healthcare's use of personal data appear in the public register held by the Data Protection Commissioner.



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## Section 5: Receipt details

Receipt Type	Number of Receipts	Receipt Type	Number of Receipts
GP Visits		Consultant Visits	
Dental Visits		Consultant Pathologist Fees	
Physiotherapy		Consultant Radiologist Fees	
Complementary Therapies		Pathology Technical Charges	
Alternative Therapies		Radiology Technical Charges	
A&E Levy		Pre- & Post-Natal Care	
Optical (Eye Tests, Glasses/Lenses)		Clinical Psychologist Visits	
Screening		Dean Clinic Mental Health Assessment	
Hearing Tests		Dean Clinic Mental Health Therapy	
Travel Vaccination		Foetal Screening	
Baby Massage Classes		Ante-Natal Day Course	
Consultant Paediatrician		Breastfeeding Consultations	
Child Counselling		Voice Coaching	

The benefits listed above are not available on all plans.

The benefit payable for each treatment type is outlined in your Table of Benefits sent to you at renewal and in accordance with the Rules - Terms and Conditions available at [www.vhi.ie](http://www.vhi.ie) or on request.

**Your claim must be submitted within 3 months of the end of your annual contract.**

Please note that an annual excess will be applied to each member's claim. The amount of the excess deducted will depend on the cover held by the member at the renewal date prior to treatment.

## Section 6: Treatment types

GP Visits	Charges incurred for visits to a medical practitioner with a current full registration with the Irish Medical Council, who holds a primary medical qualification.	Child Counselling	Charges incurred for visits by a member who is under the age of 16 and has been referred by a GP or Consultant to a Clinical Psychologist registered with the Psychological Society of Ireland.
Dental Visits	Charges incurred for visits to a Dental Practitioner with a current full registration with the Irish Dental Council, who holds a primary dental qualification. He/she is community based and provides dental care.	Consultant Visits	Charges incurred for visits to a Consultant who has a current full registration with the Irish Medical Council and fulfils the requirements as defined in your Rules - Terms and Conditions.
Physiotherapy	Charges incurred for visits to a Physiotherapist as part of a once-off or regular treatment arising from a medical condition. The Physiotherapist must be a member of the Irish Society of Chartered Physiotherapists.	Consultant Pathologist Fees	Charges incurred for Consultant Pathologist fees.
Complementary Therapies	Where treatment is provided by a Dietician, Occupational Therapist, Podiatrist/Chiroprapist, Speech Therapist and/or Clinical Psychologist as defined in your Rules - Terms and Conditions.	Consultant Radiologist Fees	Charges incurred for Consultant Radiologist fees.
Alternative Therapies	Where treatment is provided by an Acupuncturist, Chiropractor, Osteopath, Reflexologist or Physical Therapist as defined in your Rules - Terms and Conditions.	Pathology Technical Charges	Charges incurred for pathology tests other than consultant pathology fees in an approved Out-patient Centre.
A&E Levy	Charges incurred from visits to an Accident and Emergency Department in respect of the out-patient levy.	Radiology Technical Charges	Charges incurred for radiology tests other than consultant radiology fees in an approved Out-patient Centre. Please note MRI claims should be submitted on a different claim form that is available at <a href="http://www.vhi.ie">www.vhi.ie</a>
Optical (Eye Tests, Glasses/Lenses)	Charges incurred for eye tests and/or prescription spectacles and contact lenses. Eye tests must be carried out by an Optometrist registered with the Opticians Board or by an Ophthalmic Surgeon or Ophthalmic Physician registered with Vhi Healthcare.	Pre- & Post-Natal Care	Pre- and post-natal care services carried out by a GP, Consultant or Midwife (as defined in your Rules - Terms and Conditions) in the year of the birth.
Screening	Charges incurred for specified medical tests or investigations, which are designed to identify certain characteristics, or the presence or susceptibility to a particular disease or condition.	Clinical Psychologist Visits	Charges incurred for clinical psychology visits to a Clinical Psychologist who is a member of the Psychological Society of Ireland.
		Dean Clinic Mental Health Assessment	Charges incurred for the cost of a mental health assessment in an approved Dean Clinic centre.
Hearing Tests	Charges incurred for a hearing test carried out by an Audiologist who is registered with the Irish Society of Audiology or the Irish Society of Hearing Aid Audiologists.	Dean Clinic Mental Health Therapy	Charges incurred for the cost of a mental health therapy session in an approved Dean Clinic centre.
Travel Vaccination	Charges incurred for vaccinations administered by a GP or Consultant in preparation for travel to certain countries.	Foetal Screening	Charges incurred for chorionic villus sampling, amniocentesis and cordocentesis.
Baby Massage Classes	Charges incurred for attending baby massage classes which are carried out by members of the International Association of Infant Massage within one year of the birth of your child.	Ante-Natal Day Course	Charges incurred by members for attending an approved ante-natal course over a single day to help them prepare for the birth of their child. Courses must be given by a qualified Midwife as defined in your Rules - Terms and Conditions.
Consultant Paediatrician	Charges incurred for the first visit of your child to a Consultant Paediatrician within one year of the birth.	Breastfeeding Consultations	Charges incurred for a member's consultation session with a qualified Midwife (as defined in your Rules - Terms and Conditions) within one year of the birth of your child.
		Voice Coaching	Charges incurred for voice coaching visits to a Voice Coach who is a member of the Irish Voice Association.

### Section 1 - Your contact details

Please complete your personal contact details in full. If you have changed address, please complete your new details and we will update our records.

### Section 2 - Your payment details

To ensure prompt payment of your claim, we can arrange to make payment directly into your bank account, providing you complete your bank account details. If you do not provide these details or if you provide us with incorrect bank details we will pay you by cheque.

### Section 3 - Persons for whom you are claiming

Please complete this section with the name and date of birth of the person/persons for whom you are claiming.

### Section 4 - Declaration

Please ensure that you sign and date your claim form. Incomplete claim forms will be returned, so take a moment to ensure that all sections have been fully completed.

### Section 5 - Receipt details

Please review the list of receipt types and if applicable complete the number of receipts in the box provided.

### Section 6 - Treatment types

This section lists and provides you with a brief explanation of the day-to-day medical expenses covered by our range of plans. The cover you have depends on the plan you hold. If you would like information on the benefit provided by your plan please refer to your Table of Benefits and Rules - Terms and Conditions. You can download a copy of the latest Rules - Terms and Conditions on [www.vhi.ie/downloads](http://www.vhi.ie/downloads) or request a copy from us.

### Benefits payable are those applicable to the renewal year for which you are claiming.

We require original receipts to process your claim and unfortunately we do not return originals. **Therefore, we advise that you keep a copy of your receipts.** Your local tax office will accept your Vhi Healthcare benefit statement, instead of your original receipts if you are making a Med1 claim.

### Checklist

- Sign and date your claim form.
- Complete each section of the claim form in full.
- Attach original receipts.

Please return the completed form together with your receipts to:

**Vhi Healthcare**  
**PO Box 11530**  
**Dublin 18**