



Guidelines to making a Claim

Where we operate a direct payment arrangement we will pay your hospital benefit direct to the relevant hospital/treatment centre. Under the terms of the Finance Act, 1988, we are obliged to pay benefit in respect of consultants' fees directly to the consultants concerned. We will send you a statement of the benefits paid on your behalf.

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

Section 1 to be **fully** completed by the **Hospital Administration Staff**.

Sections 2, 3, 4, and 5 to be **fully** completed by the **Policy Holder** or **Insured Member**. Please note that **Section 4 (Injury Section)**, must be **fully** completed in all cases involving injury, even if no third party is involved.

Sections 6, 7, 8, 9, 10 and 11 to be **fully** completed by the **Admitting Consultant**.

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9am-3pm Saturday.

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E-mail: info@vhi.ie

Section 4: Injury Details - for completion by Policy Holder/Member (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 Healthcare discharging my hospital and medical expenses to the extent of my cover limits and in accordance with the Rules of my contract with Vhi Healthcare, I undertake to Vhi Healthcare 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 Healthcare an undertaking in the following form: "In consideration of Vhi Healthcare discharging the eligible hospital and medical expenses of my/our client, I/we hereby undertake to include as part of my/our client's claim the monies so paid by Vhi Healthcare (details of which will be supplied to us by Vhi Healthcare) and subject to any court order to the contrary, to repay to Vhi Healthcare - out of the proceeds that come into our hands - all such monies paid by Vhi Healthcare". Where my claim is adjudicated upon by the Personal Injuries Assessment Board (PIAB) or the Criminal Injuries Compensation Tribunal and where I do not engage legal representation, I hereby undertake to include as part of my claim the monies so paid by Vhi Healthcare (details of which will be supplied to me by Vhi Healthcare) and subject to any order/award to the contrary, to repay to Vhi Healthcare - out of the proceeds that come into my hands - all such monies paid by Vhi Healthcare. I further authorise Vhi Healthcare to provide PIAB with details of all monies paid by Vhi Healthcare relating to my application and for PIAB to release to Vhi Healthcare details of their assessment in relation to the monies paid by Vhi Healthcare.

X Signature _____
Injured Member (if over 18)

X Policy Holder's Signature _____
(if under 18)

Section 5: Policy Holder/Member Authorisation

I declare that the foregoing statements are true in every respect. I authorise the consultant/hospital concerned to supply all necessary information to Vhi Healthcare including, if requested, copies of my hospital/medical records. I also authorise Vhi Healthcare to pay the appropriate benefits for services provided to the hospital and consultants concerned. I understand that details of these amounts will be included in my Vhi Healthcare statement of payment, and I will contact Vhi Healthcare directly with any queries. Charges which are not eligible for benefit will remain my responsibility to settle directly with the hospital or consultants concerned.

X Policy Holder's/Member's Signature (You must sign here) _____ Date:

Please check that you have entered your Policy Number

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 the Vhi Healthcare's use of personal data appear in the public register held by the Data Protection Commissioner.

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9.3 Antibiotic infused:

Procedure Code:

Procedure Description:

9.4.1 Number of Days the patient was on IV antibiotic therapy only

9.4.2 Number of Days the patient was on IV antibiotic therapy plus oral antibiotic therapy

9.4.3 Number of Days the patient was on oral antibiotic therapy only

9.4.4 Number of Days the patient was on no antibiotic therapy

9.5 Was IV hydration required? Yes No If yes, please state number of days

9.6 In the case of infusions, the number of infusions required daily

9.7.1 The total number of nursing staff visits to the patient's home

9.7.2 The total number of medical practitioner visits to the patient's home

Section 10: Discharge Status - for completion by the Admitting Consultant (Please place 'X' in required boxes)

10.1 Please state the discharge status of the patient from the programme:

Home

Transfer to another hospital

Convalescence

Long-term care

Deceased

10.2 Is any further treatment anticipated? Yes No If Yes, please give details: _____

Section 11: Consultant 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 Consultant's Signature
(You must sign here)

Consultant Code:

Date:

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