



Benefit Direct to Member

Claim Form



Section 1: Policy Details - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

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

1.2 Policy Holder's Name: _____ 1.5 Patient's Name: _____

1.3 Policy Holder's Address: _____ 1.6 Patient's Date of Birth:

_____ 1.7 Contact Telephone No.: _____

_____ 1.8 Email Address: _____

1.4 Is this the Policy Holder's permanent address? Yes No

Section 2: Details of Hospital Admission - for completion by the Policy Holder/Member

Where the claim is following a hospital admission, please complete the following section.

2.1 Hospital Name: _____

2.2 Date of Admission: 2.3 Date of Discharge:

2.4 Attending Consultant: _____ 2.5 Claim No.:

As benefits may vary according to your plan please refer to the Vhi Healthcare Rules, Terms and Conditions of Membership, to understand the benefits you are entitled to under your current plan.

Section 3: Claim Details - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

3.1 Claimant Name: _____

3.2 Benefit claimed:

Return Home Benefit	Parent Accompanying Child	Cancer Care Support	Child Nursing	Post Natal Home Nursing Benefit	Travel Vaccinations	Convalescent Home Nursing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Total expenses incurred: € 3.4 Date benefit commenced:

3.5 Total no. of occurrences: 3.6 Total benefit allowable: €



Section 4: Policy Holder/Member Authorisation

PLEASE ENSURE A DETAILED RECEIPT IS ATTACHED TO THE CLAIM FORM FOR EACH AMOUNT CLAIMED. AS RECEIPTS WILL NOT BE RETURNED, YOU MAY WISH TO RETAIN COPIES PRIOR TO SUBMISSION.

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. I declare that to the best of my knowledge the foregoing statements are true in every respect.

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

Date:

D	D	M	M	Y	Y
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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.

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:

Please read this section before completing the claim form. As benefits may vary according to your plan, you are advised to refer to the Vhi Healthcare Rules, Terms and Conditions of Membership, to understand the benefits you are entitled to claim under your plan.

Where you are entitled to benefit under your plan the following benefits can be claimed using this claim form:

- > **Return Home Benefit** – Available following a hospital stay of 5 days or more on relevant plans.
- > **Parent Accompanying Child** – Travel and accommodation expenses for parent/guardian accompanying a child (under 14 yrs at last renewal date) during that child's hospital stay.
- > **Cancer Care Support** – Accommodation grant – available when a patient travels for out-patient cancer chemotherapy or radiotherapy treatment and is required to stay overnight in accommodation convenient to the hospital.
- > **Child Nursing** – Nursing care at home (for a member under 18 yrs of age at last renewal date) following a stay in hospital of 5 days or more.
- > **Post Natal Home Nursing Benefit** – Home nursing, by a registered nurse, incurred within 3 days of delivery.

Please Note

- > Benefits will be paid in accordance with the terms and conditions of your Vhi Healthcare Plan applicable at the date the expense was incurred.
- > All cheques will be made payable to the Policy Holder.
- > **AS RECEIPTS WILL NOT BE RETURNED TO YOU, YOU MAY WISH TO RETAIN COPIES PRIOR TO SUBMISSION.**

Postal Address

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