





## Section 4: 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.



## Section 5: Delivery Details - for completion by the Admitting/Attending Consultant (Please place 'X' in required boxes)

5.1 Patient's Name: \_\_\_\_\_

5.2 Consultant's Name and Address: \_\_\_\_\_

5.3 Please 'X' whichever is appropriate: Vaginal Delivery  Caesarean Section

5.4 Date of Delivery:

5.5 Time of Delivery:

5.6 Time of Induction:   
(if applicable)

5.7 Medical reason for induction: \_\_\_\_\_

5.8 Anaesthesia: General  Epidural  Both  5.9 Were there any complications? Yes  No

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

5.11 Has a supplementary report been provided? Yes  No

## Section 6: Other Services - for completion by the Admitting/Attending Consultant (Please place 'X' in required boxes)

6.1 Did you request other consultant(s) services? Yes  No

6.2 Consultant(s) name(s) in full: \_\_\_\_\_

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

7.1 Home  Transfer to another hospital

## Section 8: 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.

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

**Sections 2, 3, and 4** are to be completed by the **Policy Holder or Insured Member**.

**Sections 5, 6, 7 and 8** are to be completed by the **Admitting / Attending Consultant**.

### Direct Payment of Hospital Charges

As a service to you, Vhi Healthcare and the hospital have a direct payment arrangement which enables your claim to be settled between the hospital and Vhi Healthcare so that you will not be out of pocket.

All you need to do is complete **Sections 2, 3, and 4** of the claim form and the hospital will submit the claim for you. Please do not submit bills directly to Vhi Healthcare. Vhi Healthcare will send you a statement of the benefits paid on your behalf.

### Direct Payment of benefit towards professional fees to consultants:

Under the Finance Act, 1988, Vhi Healthcare is required to pay benefit in respect of consultant's fees direct to the consultant concerned. We are also required to deduct Withholding Tax from these payments and remit it to the Revenue Commissioners. This does not, in any way, affect or reduce the value of your Vhi Healthcare cover.

As the costs of consultant treatment vary, we advise you to obtain an estimate of all the likely professional fees before treatment begins.

## Postal Address

IDA Business Park, Purcellsinch, Dublin Road, Kilkenny. Fax: (056) 776 1741

**Dublin:** Vhi House, Lower Abbey Street, Dublin 1. Fax: (01) 799 4091

**Cork:** Vhi House, 70 South Mall, Cork. Fax: (021) 427 7901

**Dun Laoghaire:** 35/36 Lower George's Street, Dun Laoghaire. Fax: (01) 619 7456

**Galway:** Vhi House, 10 Eyre Square, Galway. Fax: (091) 564 307

**Limerick:** Gardner House, Charlotte Quay, Limerick. Fax: (061) 310 361

**Office opening hours:** 9am-5pm Monday to Friday

**Tel:** CallSave 1850 44 44 44.  
Lines open 8am-8pm Monday to Friday and 9am-2pm Saturday.

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