

MRI Claim Form

Non-Direct Payment



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

1.1 Quote Policy No. Here:

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 Day Time Telephone No.: _____

1.8 Evening Time Telephone No.: _____

1.4 Is this the policyholder's permanent address? Yes No

1.9 Email Address: _____

Section 2: Injury Details - for completion in all cases involving injury (even if no third party is involved) (Please place 'X' in required boxes)

2.1 Date of injury:

2.2 Place of injury: _____

2.3 Brief description of how the injury occurred: _____

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

2.5 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 3: Policy Holder/Member Authorisation

I declare that the foregoing statements are true in every respect. I authorise the doctor/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 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 doctors 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 4: MRI Details - for completion by the Referring Consultant/GP

4.1 Facility Name: _____

4.2 Date of Scan:

4.3 Invoice Value: €

4.4 MRI Procedure Code:

Clinical Indication Code:

Date of Service:

4.5 Clinical Indication Description(s) for MRI Scan(s): _____

Section 5: Referring Consultant/GP Declaration

I hereby certify that the MRI Scan specified was necessitated by the illness described by me above, and was justified by the patient's medical condition.

X Referring Consultant/GP's Signature
(You must sign here)

Vhi Doctor Code:

Date:

Guidelines to making a Claim

This claim form is for submitting an MRI claim, carried out at an approved MRI Centre fully covered for out-patient MRI Scans as specified in the Vhi Healthcare Rules - Terms and Conditions of Membership.

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 and 3 are to be completed by the **Policy Holder or Insured Member**.

Sections 4 and 5 are to be completed by the **Referring Consultant or GP**.

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.

An excess of €125 will be applied to this treatment benefit.

Direct Payment of benefit towards professional fees to consultants

Under the Finance Act, 1988, Vhi Healthcare is required to pay benefit in respect of consultants' fees **direct to the consultants 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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