

Appliance 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

Policy Number:

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

Contact Telephone Number: _____

Email Address: _____

Section 2: Your payment details

We will send your payment directly to your bank.

Please use Policy Payment Direct Debit Details: Yes

OR

If you wish to use an alternative account, please complete the details below.

Current Account Name: _____

Current Account Number:

Branch Sort Code:

Bank Name and Address: _____

Section 3: Persons for whom you are claiming

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

First Name	Surname	Date of Birth (DD MM YY)
		<input type="text"/>
		<input type="text"/>

Section 4: Declaration

I declare that the expenses, details of which are submitted with this form, were incurred by me and/or members covered under my/our membership 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:

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.





Section 5: Appliance details

Please complete the details of the appliance benefits for which you are claiming:

Appliance Details	Date	Cost



The benefit payable for appliances is outlined in your Table of Benefits and the Rules - Terms and Conditions sent to you at your renewal date. Please note that an annual excess will be applied to each member's claim. The excess deducted will depend on the cover held by the member.

The claim must be accompanied by a medical report from the Consultant.





Guidelines to completing Appliance Claim Form - PLEASE REMOVE BEFORE SUBMISSION OF YOUR CLAIM

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 fill in 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 you are claiming for

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

Section 4 - Declaration

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

Section 5 - Appliance details

When completing this section you need to complete a separate line for each appliance that you are claiming for. For example if you are claiming for three appliances you must complete three lines.

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

We require original receipts in order 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 Med 1 claim.

Checklist

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

Please return the completed form together with your receipts to:

Vhi Healthcare
PO Box 11530
Dublin 18