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Dental Pre-Certification

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 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 1.9 Mobile Contact No.:

Section 2: History of Illness - for completion by the Policy Holder/Member (Please place 'X' in required boxes)

2.1 Name of consultant/dental practitioner first attended: _____

2.2 Date of first consultation: 2.3 Consultant's/dental practitioner's address: _____

2.4 When was it first made known to you that this particular treatment (which is the subject of this claim) was required?

2.5 Has this patient had this or a similar illness before? Yes No 2.6 If Yes, please give date and details: Date:

Details: _____

2.7 Are any of these expenses fully or partially recoverable from any other source? Yes No 2.8 If Yes, please give details: _____

Section 3: Policy Holder/Member Authorisation

Data Protection and Consent

The personal data and sensitive personal data that you provide to the Vhi Group ("Vhi") in this Claim Form, or which you authorise third parties to provide, will be used within the Vhi group of companies for claims processing, claims auditing (including clinical and billing audits), policy administration and customer care purposes. Data may also be used for statistical analyses and the detection and prevention of fraud. We may share your data with trusted third parties who process data or conduct clinical and/or billing audits on our behalf, inside and outside of the European Economic Area. We may also share your data with other insurers to verify your cover, and with state bodies as required by law. Clinical audit is a clinically led quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and to act to improve care where standards are not met.

You have the right, subject to certain exemptions, to access any of your personal data that we hold (for which we may charge you a small fee) and to have inaccuracies corrected. If you wish to avail of these rights, please write to the Data Protection Officer, Vhi House, 20 Lower Abbey Street, Dublin 1.

Vhi's Data Protection Statement contains a further detailed breakdown of the personal data we collect in relation to our customers and how we use that personal data. The Data Protection Statement can be found at Vhi.ie or should you wish to contact us on (056) 4 444 444 or 1890 44 44 44, you can request a hard copy.

Declaration: I declare that the information completed above at the time of signing this declaration is true in every respect. I authorise the medical practitioner/dental practitioner/treatment facility concerned to supply all necessary information to Vhi or its duly authorised agents acting on its behalf including, if requested, copies of my hospital/medical records in relation to this claim regarding treatment or services received by me.

I also authorise Vhi to pay the appropriate benefits, for services provided, to the medical practitioner/dental practitioner/treatment facility concerned. I understand that details of these amounts will be included in my Vhi statement of payment, and I will contact Vhi directly with any queries. Charges which are not eligible for benefit will remain my responsibility to settle directly with the medical practitioner/dental practitioner/treatment facility concerned.

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

Date:

Please check that you have entered your Policy Number.

Please note the address you provide in Section 1 is used purely for data validation purposes. If you need to update your contact details or membership/personal data, please contact our Customer Service Helpline at (056) 4 444 444 or 1890 44 44 44.

Vhi Insurance DAC trading as Vhi Insurance is regulated by the Central Bank of Ireland.



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Section 4: Location of Treatment - for completion by the Consultant/Dental Practitioner (Please place 'X' in required boxes)

For completion by the consultant/dental practitioner who will carry out the proposed treatment. To be accompanied by radiographs of sufficient clarity and detail on which to base the proposed surgery. These procedures do not ordinarily require overnight hospitalisation. Benefit is generally payable only when carried out in the following locations:

4.1 Proposed location of treatment: Dentist's Surgery Out-patient Day Case In-patient

4.2 Facility Name: _____

4.3 Facility Address: _____

Section 5: Dental Details - for completion by the Consultant/Dental Practitioner (Please place 'X' in required boxes)

5.1 Patient's Name: _____

5.2 Consultant's/Dental Practitioner's Name: _____

5.3 Consultant's/Dental Practitioner's Address: _____

5.4 By whom was the patient referred to you? _____

5.5 Duration of symptoms:

HOURS	H	H
DAYS	D	D
WEEKS	W	W
MONTHS	M	M
YEARS	Y	Y

 5.6 Date patient first consulted you with symptoms:

D	D	M	M	Y	Y
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5.7 Please give details of previous episodes or related problems: _____

5.8 Description of examination, test, relevant findings and final diagnosis: _____

Section 6: Proposed Treatment - for completion by the Consultant/Dental Practitioner (Please place 'X' in required boxes)

6.1 Anticipated date of treatment:

D	D	M	M	Y	Y
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 6.2 Procedure Code:

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6.3 Procedure Description: _____

6.4 Reason for treatment at this time: _____

6.5 If gingival and/or periodontal surgery is proposed, it is necessary to use the pocket depth chart for periodontal pocket depths of 6mm or more. The deepest pocket only should be recorded for each tooth when 6mm or more. **(N.B. Enclose relevant Radiographs, please note these dental x-rays will not be returned to you so ensure that only copies are submitted)**

Upper	<input type="checkbox"/>															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	<input type="checkbox"/>															

Benefit only applies when pocket depth is 6mm or more

6.6 Indicate the reason for the method of anaesthetic (or sedation) to be employed apart from local anaesthesia: _____

6.7 If in exceptional circumstances, the patient is to be kept overnight, please indicate the reason: _____

6.8 Is any further oral/dental surgical treatment anticipated apart from the treatment described on this claim form? Yes No

6.9 If Yes, please give details: _____

6.10 Please confirm radiological evidence has been enclosed to support the proposed treatment: Yes No

Please append any further relevant details and/or a dental chart if appropriate for purposes of clarification.

Section 7: Consultant/Dental Practitioner Declaration

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

X Consultant's/Dental
Practitioner's Signature
(You must sign here)

Consultant/Dental
Practitioner Code:

Date:

Section 8: Dental Advisor - for completion by Vhi's Dental Advisor (Please place 'X' in required boxes)

8.1 Is information consistent with x-ray? Yes No 8.2 Is proposed treatment appropriate for benefit? Yes No

8.3 Approved for Vhi Procedure Code(s):

8.4 Comments: _____

X Vhi Dental Advisor's Signature
(You must sign here)

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.

Sections 1, 2 and 3 are to be completed and signed by the **Policy Holder or Insured Member**.

Sections 4, 5, 6 and 7 are to be completed and signed by the **Consultant/Dental Practitioner** who will carry out the proposed treatment.

Section 8 must be completed by **Vhi's Dental Advisor**. The completed form with the radiological evidence should be submitted to Vhi's Claims Department for assessment by our dental advisors. Please ensure that it is fully completed and that the Policy Number is shown.

- Pre-Certification is required for all procedures with an indicator of "Pre-Cert" as listed in the Schedule of Benefits for Professional Fees.
- A completed Pre-Certification Claim Form must be accompanied by supporting radiological evidence at least 3 weeks in advance of the surgery being performed.
- All applications will be assessed by our panel of Dental Advisors and a decision communicated in writing to you and our member within 10 working days. Any approval of treatment will be valid for a period of 30 working days. If the treatment has not been commenced or completed within this timeframe any approval provided will be void.
- Within 30 days of the treatment being completed you must submit your account to the address below on your headed paper, quoting the relevant Vhi Policy number, date of treatment and the pre-certification case number as outlined in our letter of confirmation.
- We will provide benefit towards the treatment in accordance with the Terms and Conditions of the member's contract with Vhi and the letter of approval provided.
- For operational and audit purposes, dental x-rays will not be returned and you should therefore ensure that only copies are submitted as part of any application.
- Where treatment is carried out in advance of approval being sought and provided, there is no obligation on Vhi to provide any benefit towards the surgery in question.

N.B. When the account for treatment is submitted, the date on which treatment has been carried out should be clearly indicated on it.

Claim Form Submission Address:

Vhi Dental Pre-Certification Unit Vhi House, Lower Abbey Street, Dublin 1.

Fax: (01) 874 5061

Office opening hours: 10am-4pm Monday to Friday.

Tel: (056) 4 444 444 or 1890 44 44 44.

Lines open 8am-6pm Monday to Friday and 9am-3pm Saturday.

Contact: Vhi.ie

Vhi.ie/contact

