

Vhi Dental Claim Form



INSTRUCTIONS FOR SUBMITTING CLAIMS – PLEASE READ CAREFULLY

Please ensure that **ALL** sections of this claim form are completed in **BLOCK CAPITALS**.

A new claim form must be completed for each insured person. You should complete and sign **SECTION A**. Your dentist or an authorised member of the dental practice should complete and sign **SECTION B**.

Please note that under the PRSI dental scheme in Ireland you may be entitled to a FREE annual examination as well as a cleaning for €15, this will not affect your claims limits, please check with your dentist if you are eligible before completing the claim form.

Benefits are remitted according to your table of benefits. This can be downloaded at www.vhi.ie/downloads

HOW TO MAKE A CLAIM

- 1 Complete **SECTION A** of this form and **bring it with you when you go to the dentist**
- 2 Once the treatment has been carried out, please get your dentist or an authorised member of the practice to complete **SECTION B** of this form. Please ensure **SECTION B** is fully itemised showing all treatments received and signed as appropriate
- 3 Settle the bill with your dentist and get a receipt
- 4 Send the fully completed claim form (1 form per patient) – together with the original payment receipts to Vhi Dental Claims
- 5 Your claim will be assessed within 10 working days, payment will be made within 3 to 5 working days following assessment

Please ensure that completed claim forms **reach us within 365 days of completion of each item of treatment**.

Please note that benefits will **NOT** be paid in respect of claims which arrive beyond this period.

CHECK LIST:

If all requested information is not supplied we will not be able to process your claim.

Before submitting your claim please ensure:

- All relevant documentation outlined on page 1 has been submitted with this claim.
- All supporting documentation are originals (we recommend that you retain copies).
- This claim form has been fully completed and signed.

IMPORTANT

Your policy number must be included, the tooth numbers must be entered where applicable and the dentist must be identified by his/her IDC/GDC number on the claim form

If you have questions about your claim, call our

DENTAL CLAIMS HELPLINE on **046 9077 337** from 8am - 6pm, Monday to Friday.

Our experienced staff will be happy to help.

SECTION A INSURED DETAILS: TO BE FILLED IN BY MEMBER

Name of Patient																																	
Policy number																	Patient's date of birth																
Payment to be made to	Dentist <input type="checkbox"/> If dentist, bank details are not required on this form Member <input type="checkbox"/> If member, please enter bank details below																																
IBAN*																																	
BIC*													<i>*only Vhi member payment details are required</i>																				
Telephone number																																	
How do you wish to receive settlement details?	Email <input type="checkbox"/> Post <input type="checkbox"/>																																
Email or Postal address to receive settlement details																																	

DENTIST DETAILS: TO BE SIGNED BY A DENTIST

I confirm that the above patient has received the treatment detailed above.

DENTIST DETAILS AND STAMP	
IDC/GDC number	
Name	
Signature	
Practice phone number	
Vhi dental network number	

PRACTICE STAMP

DATA PROTECTION STATEMENT

In order to adjudicate on your claim, Vhi and Intana will process the personal data you have provided on this form, together with any personal data that you have authorised third parties to provide to us. Certain processing of your personal data is required in order for us to adjudicate on your claim and for us to be able to operate the business of providing dental insurance policies.

Vhi Healthcare DAC of Vhi House, Lower Abbey Street, Dublin 1 ("Vhi"), and Collinson Insurance Solutions Europe Limited trading as Intana, of IDA Business Park, Athlumney, Navan, County Meath ("Intana"), and the Insurer are the companies that control and are responsible for processing the personal data in relation to your claim. We will process your personal data in accordance with the Vhi Data Protection Statement which has previously been provided to you. If you would like another copy of the Vhi Data Protection Statement it is available at vhi.ie, or you can request a copy by calling us on **(056) 444 4444 or 1890 44 44 44**.

OBTAINING ADDITIONAL INFORMATION:

In order to process and to establish the eligibility and appropriateness of your claim we will, **as appropriate**:

- Contact the facility and your treating practitioners (including, where relevant, your GP) on your behalf to request a copy of all necessary information including, if requested, copies of the facility/medical records relating to the treatment and/or services received by you as part of this claim.
 - Approach any third party who holds information relating to the incident giving rise to this claim and obtain from them such information as is required to assist in the investigation and resolution of this claim.
 - Share information with other insurers or financial institutions for the purposes of dealing with this claim and eliminating insurance fraud.
- Where it is necessary, we will ask you to allow the treating practitioners to share your information with us.

DECLARATION:

I declare that the information completed above at the time of signing this declaration is true in every respect.

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

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IMPORTANT – YOU MUST SIGN HERE:

Patient's (or Parent/Legal Guardian if patient is under 18 years)* Signature		Date	
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**For claims in relation to a dependant under 18 years at the time of signing this form, please note that all correspondence and relevant payments will be made to the policyholder.*

Please check that you have entered your Policy Number.

Please note that the address you provide is purely for data validation purposes. If you need to update your contact details or membership/personal data, please contact our Customer Services Helpline at (056) 444 4444 or 1890 44 44 44.

SECTION B CLAIM DETAILS:

TO BE FILLED IN BY A DENTIST OR AUTHORISED MEMBER OF THE PRACTICE

INVESTIGATION AND PREVENTATIVE TREATMENTS				
Code	Treatment	Qty	Treatment date	€ Fee
120	Examination			
150	Extensive examination			
180	Periodontal examination			
230	X-rays small (each)			
272	X-rays bitewing series			
330	X-rays panoramic or complete series			
1110	Scale & polish			
9511	Scale & polish maternity			

EMERGENCY TREATMENT			
Code	Description of emergency treatment	Treatment date	€ Fee
9110			

BASIC TREATMENTS: FILLINGS & SEALANTS		Surface required for fillings		
Code	Treatment	Tooth no. required	Treatment date	€ Fee
1351	Fissure sealant			
2140	Silver filling			
2391	White filling			

BASIC TREATMENTS: PERIODONTAL		Tooth no. required	Treatment date	€ Fee
4341	Perio scaling			
4910	Perio maintenance			
BASIC TREATMENTS: EXTRACTIONS		Tooth no. required	Treatment date	€ Fee
7140	Simple Tooth extraction			
BASIC TREATMENTS: CROWNS		Tooth no. required	Treatment date	€ Fee
2930	Stainless steel crown			

CONTINUED OVERLEAF

MAJOR TREATMENTS: CROWNS, INLAYS AND ONLAYS				Tooth no. required		Treatment date		€ Fee	
9525	Onlay								
9526	Inlay								
2752	Porcelain crown								
2952	Post & core								
2920	Recement crown								
2980	Repair crown								
2962	Porcelain veneer								
2960	Composite veneer								
MAJOR TREATMENTS: BRIDGES & IMPLANT CROWNS				Tooth no. required		Treatment date		€ Fee	
6242	Pontics								
6752	Bridge retainer								
6058	Implant crown								
MAJOR TREATMENT: ROOT CANALS				Tooth no. required		Treatment date		€ Fee	
3310	Root canal canine or incisor								
3320	Root canal premolar								
3330	Root canal molar								
3220	Pulpotomy								
MAJOR TREATMENT: DENTURES		Date	€	Tooth no. required		(TN)	Date	€	
5110	Full upper			5213	Chrome P/-				
5120	Full lower			5214	Chrome -/P				
9557	Reline			5211	Acrylic P/-				
9556	Repair			5212	Acrylic -/P				
5650	Adjustment								
IMPLANT UPGRADE				Tooth no. required		Treatment date		€ Fee	
6010	Dental implant								
ORTHODONTICS				Date treatment commenced		Estimate treatment length in months (IOTN)		€	
8080	Comprehensive treatment child up to 18								
8090	Comprehensive treatment adult - with any Orthodontic Claim please provide IOTN Grade and Pretreatment Photos with the completed claim form								
BASIC TREATMENTS: SPACE MAINTAINERS (CHILDREN)				Date appliance fitted		Missing tooth number(s)		€	
9505									
Miscellaneous items List all other treatments not listed above									
TOTAL VALUE OF CLAIM									