

# Vhi DeCare Dental claim form



## **Please note**

For any claim related or benefit queries, please contact DeCare Dental on **094 9372277**.

Section E may list treatments that are not covered by your particular dental policy. Please refer to your Table of Benefits and Rules booklet that you received when joining for full details of covered services. Alternatively, you can download the Rules booklet from [www.vhi.ie/dental](http://www.vhi.ie/dental)

Incomplete or illegible claims forms will be returned and will not be processed. This includes bank account details.

Please use the Vhi DeCare Dental Orthodontic claim form for submitting orthodontic claims.

For your claim to be processed, it must be accompanied by an itemised receipt from your dental surgery. We do not return original receipts. It is therefore advisable to retain a copy of your receipts.

We will issue an Explanation of Benefits to you when your claim has been processed. This statement will provide a breakdown of payments made to you. This statement can assist you with calculating expenses eligible for tax relief which can be recovered by completing a Med2 form.

**This claim form should only be used by members who hold a Vhi DeCare Dental insurance policy.**





# Vhi DeCare Dental claim form



## Section A - Policyholder and patient details

Dental policy number:

Policyholder's name:

Policyholder's date of birth:

Policyholder's address:

Daytime telephone number: \_\_\_\_\_

Patient's name:

Patient's date of birth:

Relationship to policyholder:

## Section B - Your payment details

We will send your payment directly to your bank account. Please ensure that you complete your bank account details.

Current or savings account number:

Branch sort code:

Bank name and address:

## Section C - Your dentist details

Dentist's name:

Dentist's signature:

**X**

Dental council registration number:

Dental practice stamp:

Dental practice address:

Dentist's telephone number: \_\_\_\_\_

## Section D - Declaration

I declare that the expenses and details submitted in this form were incurred by me and/or members covered under the dental policy. I declare that to the best of my knowledge, the information contained on this form is true in every respect. I consent to Vhi Healthcare's and DeCare Dental Insurance Ireland Ltd's use of the information on this form for administration of my dental coverage. I understand that I am responsible for all costs of dental treatment.

Signed (Patient, or parent if under age 18)

**You must sign the claim form**

**X**

Date:

### DATA PROTECTION NOTICE

The information you provided becomes part of the personal data held by Vhi Healthcare and DeCare Dental Insurance Ireland Ltd. and may be transferred to our parent company for administration purposes. It is used only for the provision and administration of dental insurance products and related services. Full details of Vhi Healthcare and DeCare Dental Insurance Ireland Ltd.'s use of personal data appear in the public register held by the Data Commissioner. You are entitled to ask for a copy of the personal data which Vhi Healthcare and DeCare Dental Insurance Ireland Ltd. holds about you and to have any inaccuracies in such personal data amended or erased. You may do so by writing to: The Data Subject Access Request Officer, DeCare Dental Insurance Ireland Ltd. IDA Business Park, Claremorris, Co. Mayo.

