

Cervical Cancer Vaccine Claim Form



Contribution to a Cervical Cancer Vaccine with Point of Care Health from Aviva

To make sure that you receive the benefit at the agreed amount under your Aviva health insurance policy, all you need to do is complete Part 1 and sign Part 3 of the claim form and send it, along with a copy of your receipt, directly to **Aviva Health Insurance Ireland Ltd.**

Part 1

This is to be completed by the Member and/or the Policyholder.

Member's name:

Member's address:

Membership number (this can be found on your membership card and certificate):

Daytime contact number or mobile of patient:

Member's date of birth (day/mth/yr):

E-mail contact of patient:

Part 2

This part is to be completed in full by a practice nurse.

Dates of visit to Point of Care Health (day/mth/yr): 1.

2.

3.

Point of Care Health stamp:

This part is to be completed in full by the treating health professional (please tick the box).

24001 Point of Care Health Cervarix Cervical Vaccine Fee

This part to be completed by Point of Care Health staff:

Confirmation of payment made in full

Date of amount paid by member

Please attach invoice with relevant procedure code

Part 3

Consent

I declare that at the time I underwent a cervical cancer vaccination I was a party to a health insurance contract and was entitled to treatment under my Aviva plan. I declare that to the best of my knowledge, the information provided in Part 1 of this form is accurate, true and complete. I authorise Point of Care Health to furnish Aviva Health Insurance Ireland Limited, or any authorised agent it may appoint to act on its behalf, with any information requested, including access to my medical records, where this is necessary in relation to this claim regarding treatment or services received by me or my named dependants. I verify the details of the accounts submitted on my behalf by Point of Care Health are an accurate reflection of the treatment I received. Charges not covered under the Aviva plan to which I subscribe will remain my responsibility or that of the named dependant who received the treatment to settle directly with Point of Care Health.

Declaration

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Data Protection section on the overleaf.

Your signature:

Date:

Data Protection

Aviva Health Insurance Ireland Limited (“we”, “us” or “our”), as data controller, will keep the information you provide about yourself and about third parties confidential. We may use it to advise on, provide and administer insurance products and financial services provided by us or other Aviva companies and sometimes with our affiliates and/ or commercial partners, in order to comply with legal obligations imposed on us. We may share the information both inside and outside of the European Economic Area, in confidence, for these purposes with agents or service providers we have appointed, private investigators, regulatory organisations, other insurance and financial services companies (directly or via a central register), other Aviva Group companies, those to whom we outsource certain business operations and as required by law. We will process this information and store it on our computer and manual record systems.

To assist in preventing, detecting and/or protecting our customers and ourselves from theft and fraud, we may use your information to make searches of our or other Aviva companies’ records, as well as those of other health insurers. If you give us false information or fail to disclose information and we suspect fraud, we will record this. We also participate in industry databases such as those operated by the Irish Insurance Federation for the purpose of sharing of information among insurance companies as a check against non-disclosure.

From time to time, we may record your telephone calls for verification and training purposes.

If you would like a copy of the details we hold about you, please write to: Customer Services Manager, Aviva Health Insurance Ireland Limited, P.O. Box 764, Togher, Cork, Ireland. Please enclose the correct fee (€6.35). You also have the right to correct any errors in the information held about you, block certain uses or object to the processing of your personal data.

Important: Some of the questions on this form may ask for details about your health and convictions and the health and convictions of third parties material to this risk – please do not send us any genetic test results. This information is important for underwriting and claims purposes and will remain confidential. By signing the declaration on the overleaf, you are giving us permission to process these details for the above purposes, including checking with third parties or accessing State or other official records to verify whether the details you have given are accurate and complete. By signing the declaration overleaf, you are confirming that you have fully explained to each person who requires this insurance cover why we asked for this information and what we will use it for. You are also confirming each person has agreed to this.

ONLY SIGN THE DECLARATION OVERLEAF IF YOU FULLY UNDERSTAND, AND HAVE MET, ALL OF THE ABOVE REQUIREMENTS.

We would like to use your details to provide you with information about other financial or insurance products, services and special offers either from us or other Aviva Group companies, or products, services and special offers which any member of the Aviva Group may arrange with a third party. Your details may also be used for this purpose (for up to 12 months) after your policy has ceased.

Please tick here if you do not wish to receive such information from us.

Your choice will not affect any of the services we provide to you, now or in the future.