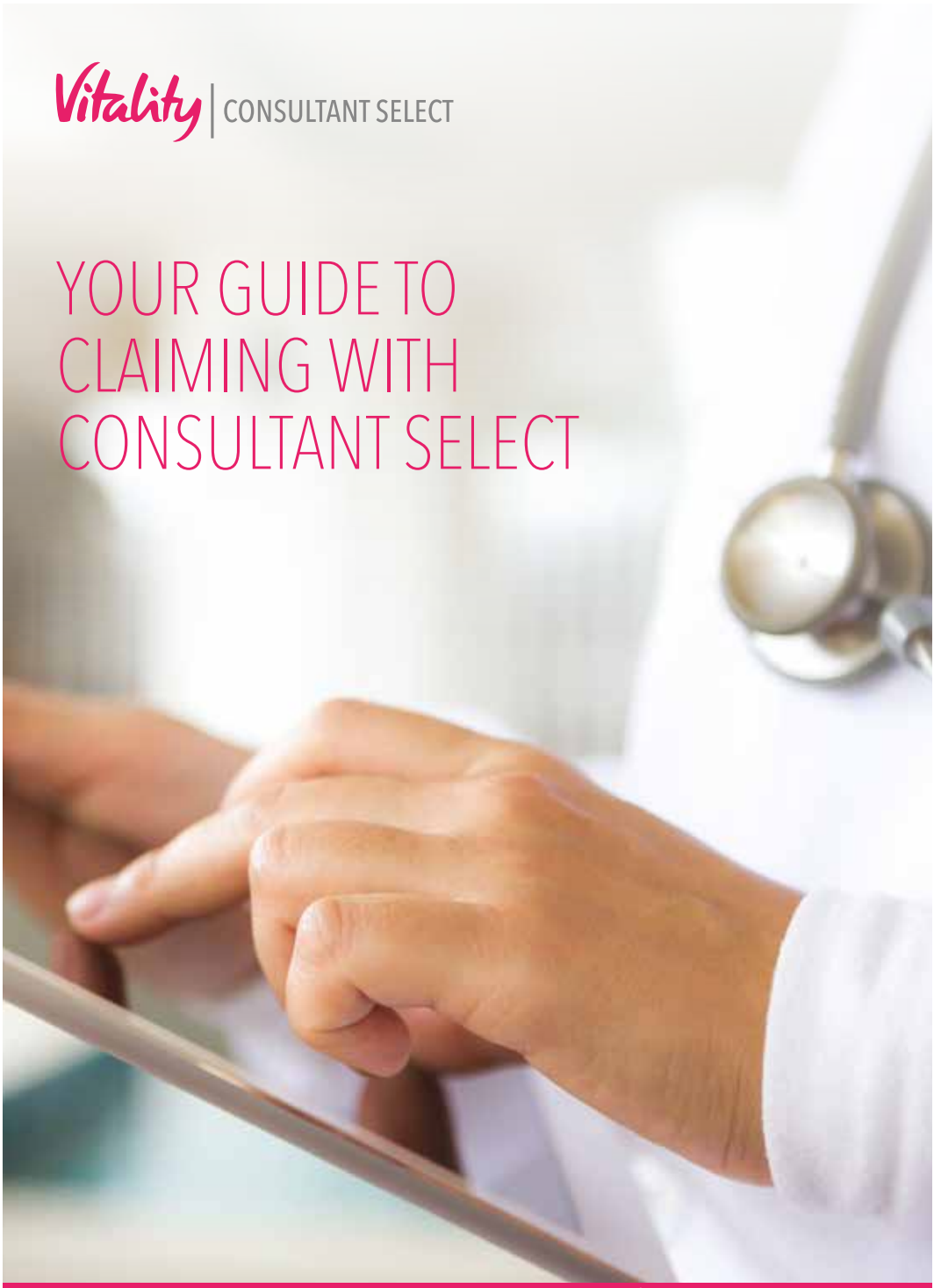
Vitality | CONSULTANT SELECT

YOUR GUIDE TO CLAIMING WITH CONSULTANT SELECT



CHANGING HEALTH INSURANCE FOR GOOD

Vitality HEALTH INSURANCE

YOU ARE COVERED BY THE VITALITY PATIENT CHARTER

When making a claim with Consultant Select, the Alliance Health Group will act on your behalf to uphold the Vitality Patient Charter, our set of quality-assurance principles which say:

1. The panel provided by Alliance Health Group will choose the most appropriate consultant to manage your presenting condition.
2. The chosen consultant has been quality assured through a consultant peer review process.
3. The right to switch to another Alliance Health Group approved consultant if you're not happy with the original named consultant, without any negative impact on your benefit limits.
4. You will not experience any shortfalls on fees from the treating consultant (subject to your benefit limits).
5. We will support you in escalating any serious clinical concerns you may have during your treatment.

MAKING A CLAIM WITH CONSULTANT SELECT

Depending on your plan benefit options, there are a few things to consider before making a claim. In this guide, we will cover the types of claims you may need to make, and the ways you can initiate those claims.

There are four types of claim:

- Referrals to a consultant and further treatment
- Physiotherapy
- Mental health treatment
- Private prescriptions/diagnostic tests issued by a Vitality GP

You can also self-refer for physiotherapy and some mental health treatments so you don't have to wait to see a GP first.

UNLESS YOU ARE SELF-REFERRING, ALL OTHER CLAIMS CAN BE INITIATED IN ONE OF THREE WAYS:

1 

VITALITY GP APP

Use our Vitality GP app to book a private video consultation with a GP

2 

MEMBER ZONE

Submit a claim online in the Member Zone 24 hours a day, 7 days a week

3 

CALL US

Call us on the number at the top of the letter you received from us when you joined

REFERRALS TO A CONSULTANT

To start a claim, there are three simple steps to follow:

1. First, visit an NHS GP who will be able to review your symptoms or condition and see whether you need a referral to a consultant.
2. If you do, ask for an 'open referral' with details of your condition, symptoms and diagnosis.
3. Set up your claim by contacting us using one of the three options shown at the bottom of page 3.

WHAT HAPPENS NEXT?

As soon as your claim is approved we'll pass your details to our Consultant Panel which is run by Alliance Health Group - an independent doctor-owned organisation – who will choose the best consultant for you, based entirely on your medical needs. They'll usually call you the next working day or sooner to confirm all the details of your appointment. You'll be asked to make sure you give the consultant your claim acceptance number when you go for your consultation so they can bill us directly.

When Alliance Health Group call you back to confirm your appointment options, you will be asked to provide your credit/debit card details. Please rest assured that this will only ever be used to cover any excess or charges you may need to pay that are not covered under your plan.

Normally, we'll settle charges direct with the healthcare provider. If you settle any other bills yourself that aren't your responsibility, please send us your receipt and invoice and we'll pay you back.

Post: VitalityHealth Customer Services, Sheffield, S95 1DB

Go to **member.vitality.co.uk** for more contact information

PHYSIOTHERAPY

If your plan includes Out-patient Cover, you can self-refer to our Priority Physiotherapy Network to access virtual rehabilitation and face-to-face treatment.

Providing you use a physiotherapist on our panel, your treatment costs will not be deducted from your Out-patient Cover limit, although you will need to pay any excess that applies to your plan.

If you prefer to use a physiotherapist outside of our network you will need to pay any invoices directly and submit them to us. We will reimburse you up to £35 per session and the costs will be deducted from your Out-patient Cover limit.

MENTAL HEALTH TREATMENT

To help support your mental wellbeing you can self-refer to our Mental Health Panel to access a range of clinically effective treatments including counselling and cognitive behavioural therapy (CBT). These treatments are delivered by accredited therapists located around the country.

PRIVATE PRESCRIPTIONS AND DIAGNOSTIC TESTS ISSUED BY A VITALITY GP

You can claim back the cost of up to £100 worth of certain private prescriptions or minor diagnostic tests when issued/ordered by a Vitality GP. Following your Vitality GP consultation simply send us a copy of your prescription/invoice, receipt and Vitality membership number. State that you'd like to claim from your Vitality GP benefit and if your claim is approved we'll reimburse you from your available balance within 10 working days.

Occasionally, we will advise that further medical information is needed in order to initiate a claim - including physiotherapy and mental health claims. In this instance you will need to visit your medical practitioner who will need to complete a claim form.

THE RIGHT MEDICAL EXPERT.
CHOSEN BY THE MEDICAL EXPERTS.

FREQUENTLY ASKED QUESTIONS

Q. WHICH PROVIDERS CAN I SEE?

A. Once you have obtained an open referral, we will put you in touch with our consultant panel Alliance Health Group. For physiotherapy, you have a choice between our partners IPRS or Nuffield. We are also partnered with Nuffield emotional health and wellbeing, our mental health panel.

Q. HOW DO OUT-PATIENT BENEFIT LIMITS WORK?

A. Eligible fees from providers and hospitals that are charged as out-patient are taken from your yearly plan benefit limit. Each time we pay an invoice on your claim, we reduce the amount of remaining benefit and will contact you to let you know. All your invoices will be sent to your Member Zone inbox and we will send you an email to let you know when a new invoice is available. You will need to monitor the costs of your treatment in case the amount you are claiming for is going to exceed your chosen limit. If the cost of an invoice does exceed that limit, we will pay the maximum we can, then contact you and let you know the remaining amount you need to pay, and where to send your payment. Once you reach your plan renewal, your benefit limit is reset for any eligible out-patient treatment costs you incur within that new plan year.

Q. HOW DOES MY EXCESS WORK WHEN I CLAIM?

A. If you pay your excess per claim, this is the amount you will need to pay at the start of any new claim. If your claim continues for 12 months after your first treatment date, your excess will be reapplied.

If you pay your excess per plan year, we will deduct this from the first invoice we receive for treatment in that plan year (and from the next invoice if any excess remains). No matter which option applies to your plan, we will contact you to advise who you need to pay your excess to. Any invoices will be sent to your inbox in the Member Zone.

Q. CAN I CLAIM ANYTHING IF I HAVE MY TREATMENT ON THE NHS?

A. If you choose to have eligible in-patient or day-patient treatment as a non-paying NHS patient, instead of having treatment in a private hospital, you may be eligible for the NHS Hospital Cash Benefit. This benefit is not available for out-patient treatment or if you are admitted to an NHS hospital in an emergency.

Q. WHY MIGHT YOU NEED MY GP TO FILL IN A CLAIM FORM?

A. Sometimes we may ask your permission to get more information from your GP or specialist about your condition. If you are at the start of your claim, this may come in the format of a claim form for you and your NHS medical practitioner who holds your full medical records to complete. The reason we do this is to ensure that the symptoms you have, and the treatment you need, are all going to be eligible; and that they don't relate to any personal or general plan exclusions, before you incur any treatment costs. Please be aware that some GP's will charge you for obtaining this information. And, if any treatment takes place without authorisation, you may have to pay any costs if your claim is later declined.

FIND OUT MORE

Visit the the Member Zone at
member.vitality.co.uk

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