

Veterinary Fee Claim Form

PLEASE DO NOT STAPLE DOCUMENTS

Claims should be submitted and received in writing with the original itemised invoice(s) **within 90 days** of the vet treatment being provided. Claims not received within this period may incur a late submission penalty. Faxed claims will not be accepted.

Note: If this is your first claim or your pet has been insured with us for less than 6 months please attach a complete veterinary history (medical records) from both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it.

Part 1. To be completed by you, the policy owner

Insured's Policy Number:

Your details		Your pet's details			
Policy Holder's Name:		Pet's Name:			
Address:		<input type="radio"/> Dog	<input type="radio"/> Cat	<input type="radio"/> Male	<input type="radio"/> Female
Suburb:		Desexed: <input type="radio"/> Yes <input type="radio"/> No			
State:	Post Code:	Pet's Age/D.O.B:			
Telephone: (H) () (W) ()		Colour:			
(Mobile)		Breed:			
Email:					

Please tick if there has been a change of address or contact details:

Part 2. To be completed by the vet to ensure efficient processing of your claim

Type and cause of injury or condition/diagnosis	Date of treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	Total charge
	/ /		\$
	/ /		\$
	/ /		\$

Case Summary: Please attach radiology, pathology reports and consultation notes where applicable.

- How long has this pet been a client of your clinic? Less than 6 months More than 6 months
- Is this a continuation of a prior claim or condition? Yes No

Notes:

Date of last vaccination/booster: / /	Type of Vaccination:
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3. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. I/We confirm that the veterinary services as detailed in the account(s) submitted with this claim have been provided and I/We understand that the policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise any veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Signature of pet owner:	Date:	Name of attending vet and practice (please print)
Signature of veterinarian:	Date:	

MAKING A CLAIM IS 3 EASY STEPS

- 1** Fill in your and your pet's personal information and sign the claim form.
- 2** Take the form to your vet, and ask your vet to complete in full Part 2 and sign the form.
- 3** Attach the original detailed itemised invoices and payment receipts to the completed claim form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.

Then mail your completed claim form to:
petinsurance.com.au Claims
Locked Bag 9021,
Castle Hill, NSW 1765



How your claim will be paid

If you have elected to pay your premiums by direct debit your benefits will be paid directly into your nominated bank account. If you have elected to pay your premiums by credit card you will receive a cheque in payment of your benefits. Following the payment of your claim you will also receive a statement confirming payment.

Claim Checklist - Prior to sending in your claim ensure that you have:

- Completed the Claim Form
- Attached the original itemised invoice
- Signed Veterinary Fee Claim Form
- Attached a full veterinary history if this is your first Accident or Illness claim (not required for Routine Care claims)

Please Note: All claims should be submitted and received within 90 days of treatment.

Need more claim forms or have any questions about your claim ?

You can access copies of this form online at petinsurance.com.au or by calling **1300 855 663** between 8.30am – 5:00pm (AEST) Monday to Friday (except public holidays)

Disclaimer -

It is a criminal act to make a false or fraudulent claim under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy. Violators of this provision may be subject to criminal prosecution.

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