

VET FEES CLAIM FORM

Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

Policyholder Details

Name:

Address:

Policy Number

What is your Occupation?

Email Address

Mobile Number

In order to give you the best possible service, we may use your mobile number and/or e-mail address to send you updates on the progress of your claim. Please be assured neither will be used for any sales or marketing purposes, or passed to any other party without your specific consent. Should you NOT wish to be sent updates through either of these methods, please tick the relevant box: SMS Text Email

Pet Details

Name of Pet:

Type of Pet: Dog Cat Rabbit

Breed of Pet:

Date of Birth: / /

Sex Male Female

Please see your certificate of insurance for details of the applicable excess per period of cover.

Important: PLEASE BE AWARE THAT ANY CALLS YOU MAKE TO US MAY BE RECORDED FOR TRAINING AND MONITORING PURPOSES



If you have any questions about your claim or in completing this claim form

please call: **0330 123 1922**

1 About Your Pet

TO BE COMPLETED BY THE POLICYHOLDER

When were you first aware of the symptoms/condition/injury? / / : : When did you acquire your pet? / /

Has the above animal been registered with any other veterinary practice? Yes No

(If YES, please provide the practice name and address and any previous names or addresses/surnames your pet was registered under)

Practice Name:	Practice Name:
Town: Postcode:	Town: Postcode:
Tel No:	Tel No:
Date last registered: Pet Name:	Date last registered: Pet Name:

2 Claim Payment Declaration & Authority

TO BE COMPLETED BY THE POLICYHOLDER

- I declare that my Veterinary Surgeon recommended the treatment for which the benefit is claimed and that the statements I have made are true. I agree that if they are found to be untrue, I will lose all my rights under the policy.
- I agree that my Veterinary Surgeon may provide any information the Company may require regarding past medical history, and the nature of the condition and its treatment and that you make payment as indicated below.
- I also authorise you to discuss my claim with the practice, referral vet or any specialist who provided treatment or services for my pet.
- I understand that my personal information will be held on a computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

Please select only **ONE** of the following payment options and provide the relevant bank details below:

- A) Pay you directly (Policyholder)** Select this option if you would like the payment made to yourself. **Important:** We will pay your claim into the bank account from which your premiums are collected (a cheque will be issued if there is no bank account available). This is unless you ask us to use an alternative account belonging to you.
- B) Pay your vet directly** Select this option if your Vet is happy for your claim to be paid directly to them. Provide name of veterinary practice here:
Name:

Signed (Policyholder) Print Name **PRINT YOUR NAME**
Date / /

Please provide the relevant bank details below of the account into which you require payment to be made:

Account Name **THIS WILL BE EITHER YOUR ACCOUNT DETAILS OR YOUR VETS ONLY**

Sort Code - - Name of Bank/Building Society

Account Number Name of Account Holder(s)

Checklist

Before filling in this form, please read your Policy and Certificate of Insurance to check that you are covered, and for details of any excess that may apply to your claim.

- Check that all details above are correct. Please amend where appropriate
- Please ensure the form is signed by both you and your Vet
- Please ensure the form is stamped by your Vet
- Please ensure your Vet has attached a full clinical history
- Please ensure your Vet has attached a fully itemised invoice to show the cost of your pets treatment, drugs and procedure
- Before posting, check that you agree with **ALL** the information provided by your veterinary practice
- Consider keeping a copy of all documents for your own records

**THIS PAGE IS TO BE COMPLETED ONLY BY THE VETERINARY PRACTICE
YOUR VET MAY CHARGE YOU FOR THIS, UNFORTUNATELY WE ARE UNABLE TO REIMBURSE THIS FEE**

3 General Information TO BE COMPLETED BY THE VETERINARY PRACTICE

Date pet first registered with practice: / / Your Reference:

Pet Name: Pet's Current Weight: **KGS**

Pet Breed:

4 About the condition, illness or injury TO BE COMPLETED BY THE VETERINARY PRACTICE

Name of illness or injury:

Is this a continuation of a previous claim? Yes No

Treatment dates: From / / - To / /

Date symptoms first noted by owner: / /

When did the illness or injury begin? / / : :

To your knowledge has this pet previously been seen for:

(a) this illness or injury? Yes No

(b) any similar or related illness or injury? Yes No

(c) any similar or related clinical signs? Yes No

**CONTINUING CLAIM
PLEASE PROVIDE A DETAILED COPY OF THE PETS CURRENT CLAIMS HISTORY**

**NEW CLAIM
PLEASE PROVIDE A COPY OF THE PETS FULL CLINICAL HISTORY**

TOTAL AMOUNT OF CLAIM (including VAT)
£

IMPORTANT
Please ensure you enclose an itemised invoice to support this claim and tick if the invoice includes:

Administration Fees Diet Food Blood Bank Donation Dental Scale & Polish
 Cremation Fees Vaccination Fees Flea/Worming Treatment Postage & Packaging

HOUSE CALLS AND OUT OF HOURS SERVICES

Did the above costs include charges for house calls or out of hours treatment? Yes No

Were house calls or out of hours treatment essential for the animal's health? Yes No

If YES, what was the additional cost? £

HOUSE CALLS Yes No **OUT OF HOURS** Yes No

If a house call was made, please confirm why it was necessary:

DENTAL **PLEASE SUBMIT A FULL CLINICAL HISTORY FOR ALL DENTAL CLAIMS**

Is the claim for a dental or related condition? Yes No

If YES, is this dental treatment a result of an accident? Yes No

5 Claim for Death TO BE COMPLETED BY THE VETERINARY PRACTICE

Please select cause or suspected cause of death: Illness Accidental Injury

Date of death: / /

If the pet was put to sleep, did you recommend this? Yes No

Cost of euthanasia: £

Cost of cremation: £

Please provide approximate cause of death:

6 Declaration TO BE COMPLETED BY THE VET OR THE PERSON AUTHORISED BY THE VET TO COMPLETE AND SIGN

I confirm that the information I have provided is a true and accurate reflection of the treatment given and that the fees charged are no higher than the normal practice fees. I also confirm that the treatment given was appropriate and reasonable for the pets condition.

Name (CAPITAL LETTERS): **NAME OF SIGNATORY**

Signature: **VETERINARY PRACTICE SIGN HERE**

Date: / /

Practice telephone number: **PRACTICE TELEPHONE NUMBER**

Practice Email Address:

Practice Stamp (if stamp not available, please attached a signed compliment slip)
VETERINARY PRACTICE NAME AND ADDRESS
EVIDENCE OF STAMP OR COMPLIMENT SLIP MUST BE PROVIDED TO VALIDATE THE CLAIM
COMPLIMENT SLIP MUST BE SIGNED

In order to help you understand the process of claiming, we have provided some frequently asked questions and answers that you may find useful.

How do I complete the Vet Fees claim form?

- Please ensure one claim form is completed for each condition being claimed
- Please complete sections 1 & 2 of the claim form.
- Your Vet will need to complete sections 3, 4, 5 & 6 of the claim form and attach the invoice(s) to reflect the amount being claimed and a copy of your pet's medical history.

We recommend that you ask your Vet to complete their section first and return the form to you. This way you can be sure that everything is attached to the form prior to sending to us and that you are happy with everything that is being claimed for. It may even be handy to take a copy of the claim form so you can keep track of what you are claiming for.

How long will it take for my claim to be processed?

We would recommend that you submit your claim as soon as possible, following treatment provided by your Vet. Upon receipt of your claim, we aim to have assessed this within one week.

Once we have assessed your claim we will provide you with a decision, letting you know:

- Whether your claim is accepted.
- If accepted, how much we will pay, and if we can help you with all or part of your claim.
- If you need to pay any monies towards the cost of treatment. This may include your excess, uncovered items and any amount above your cover limit.

Payments can be made directly to your bank account, or if you prefer we can pay your Vet directly, and should be received within 3-5 working days.

If, for any reason, we require further information from your Vet this will delay your claim and we will inform you via letter to keep you updated. If we require further information from you as the policy holder, we will try to contact you via telephone to make the process quicker; if you have not supplied a telephone number then we will write to you.

Will you pay all the fees incurred from my Vet?

Please refer to your policy terms and conditions for full details, but below are examples of what is not payable:

- **Excess** - All policies have an excess, which is the part of the claim that you will need to cover and so this amount is deducted from any payment we may make. The way the excess works will vary depending on the type of cover/policy you have and this will be detailed on your Certificate of Insurance. Because the excess can apply per condition, the claim may be split at the annual review date (s) and more than one excess will be deducted. The amount of excess that applies may be a fixed sum or a percentage, and is detailed in your Certificate of Insurance.
- **Claim form completion cost** - any costs incurred relating to the completion of the claim form are not covered under your insurance policy.
- **Amount above your cover limit** - some policies have a limit as to how much is paid, please refer to your Certificate of Insurance for full details.
- **Cremation Costs** - unfortunately, these costs are not covered.

How do I claim for ongoing treatment?

If you need to claim for ongoing treatment, all you need to do is ensure your Vet completes a Vet Fees Claim Form in the usual way and attaches an invoice for the treatment given.

Will my claim be covered?

Unfortunately, we are unable to guarantee the acceptance of any claim until we have received all of the relevant information needed in order for us to assess the claim fully. Please refer to your Terms and Conditions for our general exclusions and check your Certificate of Insurance to see if any specific exclusion has been placed on your policy.

Claims split over policy years

Depending on the type of policy you have, if your claim(s) cross over two policy years, excess will be deducted for each policy year crossed, with the exception of Time Limited and Per Condition policies. Please refer to your Terms and Conditions for details on the excess that applies to your policy.

Can I claim for medication that I've purchased online?

Providing the medication is covered by your policy it doesn't matter whether you buy it online or from your Vet. If you do buy it online your Vet will need to confirm they recommended the purchase and you would need to send us copies of the invoice(s) when you submit your claim.

Why do you place mid-term underwriting exclusions?

When we review your pet's claim and history, if it is found that your pet has suffered from a condition prior to the policy start date and we were not made aware of this when you applied for the policy, it may be necessary for us to place a mid-term exclusion on your pet's policy.

Is my pet covered if I go to a different Vet?

Using a different Vet will not affect our decision on your claim. We would ask you to provide us with the names and addresses of all the Vets that have treated your pet.

Can you pay my Vet direct?

Yes. If your claim is accepted, all you need to do is tick to pay the claim to your Vet on section 2 of your claim form and we will pay your Vet directly, minus any deductions or excess.

Can you discuss my pet's claim with my Vet?

Yes. When you sign the authority section on the claim form, you are authorising us to discuss your claim with your Vet.