# VET FEES CLAIM FORM

RETURN TO: Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX



P2890(A)v9 - 10/2/2016

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INSURANCE FRAUD IS A CRIMINAL OFFENCE - WE RESERVE THE RIGHT TO REFER CASES TO THE APPROPRIATE AUTHORITIES

### 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

Please select cause or suspected cause of death:   If the pet was put to sleep, did you recommend this?   Yes   No   Please provide approximate cause of death <b>£ £ £ £ £ £ £ £ £ £ £ 6 7 1</b> <th>3 General Information</th> <th>TO BE COMPLETED BY THE VETERINARY PRACTICE</th>	3 General Information	TO BE COMPLETED BY THE VETERINARY PRACTICE
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About the condition, tilness or injury     In the office of injury     In the condition of a prevous dam?     Treatment dates     Treatment date     T	Pet Name	Pet's Current Weight
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To your involvedge his his pet previously been seen for: (a) his lines or injun? (b) any similar or related lines or injun? (c) any similar or elated lines or or of hours treatment sensifie for the any similar bealar? (c) any similar or advention cost? (c) C) Claim for Death (c) (c) Claim for Death (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Date symptoms first noted by owner	
Section:       CONTINUING CLAIM         (a) fristings or injury?       Yes       No         (a) any similar or related illness or injury?       Yes       No         (c) any similar or related illness or injury?       Yes       No         (b) any similar or related illness or injury?       Yes       No         ILLERSE PROVIDE A COPY OF THE PERSENCE       ILLERSE PROVIDE A COPY OF THE PERSENCE         Are any of the costs for prescription dietary foods?       Yes       No         INUSE CALLS AND OUT OF HOURS Stervors       HOUSE CALLS       OUT OF HOURS         If the babe cost induce charges for house calls       Yes       No         Of the abuve calls and of those treatment sectifies of the abuve calls or out of hours treatment call of our of hours treatment?       Yes       No         Yes       No       Yes       No       Yes       No         So       Claim for Death       Yes       No       Yes       No         Yes       No       Yes       No       Yes       No         Plea	When did the illness or injury begin?	
(1)       any similar or related filess or injury?       Ves       No       PLEASE PROVIDE A DETAIL ED COPY OF THE PETS CURRENT       PLEASE PROVIDE A COPY OF THE PETS FULL CLINICAL HISTORY         Ves       No       If VES, what was the cost?       £         Please state the name of the diet lood given       If VES, what was the cost?       £         No       Ves       No       If VES, what was the cost?       £         Please state the name of the diet lood given       If a house cell was made, please confirm why it was necessary         No       Ves       No       Ves       No         VES AND OUT OF HOURS SERVICES       HOUSE CALLS OUT OF HOURS       If a house cell was made, please confirm why it was necessary         Ord of hours treatment       Ves       No       Ves       No         VES. what was the additional cost?       £       If a house cell was made, please confirm why it was necessary         Ves.       No       Ves       No       Ves       No         So Claim for Death       Ves       No       If S is his dental treatment a result of an acciden?       Ves       No         Please select cause or supported cause of death:       Illness       Accidental injury       Date of death       Illness       Accidental injury         O be Condruton       Ves       No       V		£
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Please state the name of the diet food given         HOUSE CALLS AND OUT OF HOURS SERVICES       HOUSE CALLS OUT OF HOURS         Ind the above costs include charges for house calls or out of hours treatment essential for the onima's heatin?       Yes       No         Yes       No       Yes       No       Yes       No         Please submit A Full CLINICAL HISTORY FOR ALL DENTAL CLAIMS       If yes       No         Central       Please Submit A Full CLINICAL HISTORY FOR ALL DENTAL CLAIMS         It he dain for a dental or related condition?       Yes       No       If Yes, is this dental treatment a result of an accident?       Yes       No         So Claim for Death       To BE COMPLETED BY THE VETERNARY PRACTICE       Please provide approximate cause of death       If a house call was made, please of death       If a house call was made, please confirm why it was necessary         Please select cause or suspected cause of death:       It interes       Accidental Injury       Date of death       If yes, is hoo       Please servide approximate cause of death       If a house call was made, please and death       If a house call was made, please and death <td></td> <td>Yes No If YES, what was the cost?</td>		Yes No If YES, what was the cost?
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House VALUS       OUT OF HOURS       In a node values induce, presed comminity in was induce; spease comminit in the prearce of death           UPA	Please state the name of the diet food given	
Were house calls or out of hours treatment   essential for the animal's heath?   If YES, what was the additional cost?   PIEASE SUBMIT A FULL CLINICAL HISTORY FOR ALL DENTAL CLAIMS   Is the claim for a dental or related condition?   Yes   No   Yes   No   If YES, is this dental treatment a result of an accident?   Yes   No   If YES, is this dental treatment a result of an accident?   Yes   No   If YES, is this dental treatment a result of an accident?   Yes   No   If the pet was put to sleep, did you recommend this?   Yes   Yes   No   Yes	HOUSE CALLS AND OUT OF HOURS SERVICES	HOUSE CALLS OUT OF HOURS If a house call was made, please confirm why it was necessary
essential for the anima's health?   If YES, what was the additional cost?   Example   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   If YES, is this dental treatment a result of an accident?   Yes   No   If YES, is this dental treatment a result of an accident?   Yes   No   If YES, is this dental treatment a result of an accident?   Yes   No   If YES, is this dental treatment a result of an accident?   Yes   No   If YES, is this dental treatment a result of an accident?   Yes   No   If YES, is this dental treatment a result of an accident?   Yes   No   If the pet was put to sleep, did you recommend this?   Yes   Yes   No   Please provide approximate cause of death   If the pet was put to sleep, did you recommend this?   Yes   No   Please provide approximate cause of death   If the pet was put to sleep, did you recommend this?   Yes   Cost of oremation   It 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.	Did the above costs include charges for house calls or out of hours treatment?	Yes No Yes No
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       Image: Cause of death         If the pet was put to sleep, did you recommend this?       Yes       No       Please provide approximate cause of death         Cost of euthanasia       £       Image: Cause of cause of death       Image: Cause of cause of death       Image: Cause of death       Image: Cause of death         6)       Declaration       £       Image: Cause of the pets condition.       Image: Cause of death		Yes No Yes No
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 O BE COMPLETED BY THE VETERINARY PRACTICE   Please select cause or suspected cause of death: Illness Accidental Injury Date of death Illness   If the pet was put to sleep, did you recommend this? Yes No Please provide approximate cause of death   Cost of euthanasia £ Illness Accidental Injury Date of death   É Illness No Please provide approximate cause of death   Cost of remation £ Illness Accidental Injury   6 Declaration E      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 VETERINARY PRACTICE SIGN HERE   Date Illness   Date Illness   Date Illness   Date Illness   Practice Elephone number PRACTICE TELEPHONE NUMBER	If YES, what was the additional cost?	£
Solution       TO BE COMPLETED BY THE VETERINARY PRACTICE         Please select cause or suspected cause of death:       Illness       Accidental Injury       Date of death       I       <	DENTAL	PLEASE SUBMIT A FULL CLINICAL HISTORY FOR ALL DENTAL CLAIMS
Please select cause or suspected cause of death:       Illness       Accidental Injury       Date of death       Image: Cause of death         If the pet was put to sleep, did you recommend this?       Yes       No       Please provide approximate cause of death         Cost of euthanasia              Please provide approximate cause of death          Cost of cremation                 6                6               7                8                 9                 6                   10                   6                     10                       10 <td>Is the claim for a dental or related condition?</td> <td>Yes No If YES, is this dental treatment a result of an accident? Yes No</td>	Is the claim for a dental or related condition?	Yes No If YES, is this dental treatment a result of an accident? Yes No
If the pet was put to sleep, did you recommend this?     Cost of euthanasia   Cost of cremation                               Cost of cremation </td </td <td>5) Claim for Death</td> <td>TO BE COMPLETED BY THE VETERINARY PRACTICE</td>	5) Claim for Death	TO BE COMPLETED BY THE VETERINARY PRACTICE
Cost of euthanasia       E       E       E         Cost of cremation       E       E       E         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)       Image: Complete Sign Here         Signature       Veterinary Practice Sign Here         Date       Image: Complete Sign Here         Practice telephone number       PRACTICE TELEPHONE NUMBER	Please select cause or suspected cause of death:	Illness Accidental Injury Date of death
Cost of cremation       £       I <thi< th="">       I       <thi< th=""></thi<></thi<>	If the pet was put to sleep, did you recommend this?	Yes     No   Please provide approximate cause of death
6 Declaration       To be completed by the vet or the person authorised by the vet to complete and source reflection of the treatment given was appropriate and reasonable for the pets condition.         I confirm that the information I have provided is a true and accurate reflection of the treatment given was appropriate and reasonable for the pets condition.       Practice Stamp (if stamp not available, please attached a signed compliment slip)         Name (CAPITAL LETTERS)       Practice Stamp (if stamp not available, please attached a signed compliment slip)         Date       Practice telephone number       Practice telephone number	Cost of euthanasia	£
I confirm that the information I have provided is a true and accurate reflection of the treatment given was appropriate and reasonable for the pets condition.   Name (CAPITAL LETTERS)   Name OF SIGNATORY   Signature   Date   Practice telephone number   PRACTICE TELEPHONE NUMBER	Cost of cremation	£
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Date     Image: Construction of the cons	Name (CAPITAL LETTERS)	Practice Stamp (if stamp not available, please attached a signed compliment slip)
Date     I     I     I     BE PROVIDED TO VALIDATE THE CLAIM       Practice telephone number     PRACTICE TELEPHONE NUMBER     COMPLIMENT SLIP MUST BE SIGNED	Signature VETERINARY P	PRACTICE SIGN HERE
Practice telephone number PRACTICE TELEPHONE NUMBER COMPLIMENT SLIP MUST BE SIGNED	Date	
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## 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.