

VET FEES CLAIM FORM

RETURN TO: 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 1921**

1 About Your Pet

TO BE COMPLETED BY THE POLICYHOLDER

When were you first aware of the symptoms/condition/injury? DD / MM / YY HH : MM 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:
Town: Postcode:
Tel No:
Date last registered: Pet Name:

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Town: Postcode:
Tel No:
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

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
- Please return as soon as possible to Post Office Money Pet Insurance to the above address.

**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 / /

PLEASE ENCLOSE ITEMISED INVOICES TO SUPPORT THIS CLAIM

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)

£

DIET FOOD

Are any of the costs for prescription dietary foods? Yes No If YES, what was the cost? £

Please state the name of the diet food given

HOUSE CALLS AND OUT OF HOURS SERVICES

HOUSE CALLS Yes No

OUT OF HOURS Yes No

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

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

If YES, what was the additional cost? £

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

Please provide approximate cause of death

Cost of euthanasia £

Cost of cremation £

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