ET FEES CLAIM FORM



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

Policyholder Details Name: Address: Pet Details Name of Pet: Type of Pet: Dog Cat Rab						
Address: Type of Pet: Dog Cat Rab						
Address: Type of Pet: Dog Cat Rate						
Address: Type of Pet: Dog Cat Rat						
Breed of Pet:						
Policy Number Date of Birth: Sex Male Female						
What is your Occupation? Please see your certificate of insurance for details of the applicable excess per period of cover.						
Email Address						
In order to give you the best possible service, we may use your mobile number and/or e-mail address send you updates on the progress of your claim. Please be assured neither will be used for any sales marketing purposes, or passed to any other party without your specific consent. Should you NOT wish be sent updates through either of these methods, please tick the relevant box: Details the sent updates through either of these methods, please tick the relevant box: Details the sent updates through either of these methods, please tick the relevant box:						
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: 0344 543 1067						
1) About Your Pet To be completed by the policyholder						
When were you first aware of the symptoms/condition/injury?						
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 Registered: Pet Name: Date 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 NOTE: WE ARE NO LONGER ABLE TO MAKE PAYMENT BY CHEQUE Please select only ONE of the following payment options and provide the relevant bank details						
Pay YOU Directly Select this option if you would like to the payment to be made to yourself. We will pay your claim directly into the bank account from which your premiums are collected, unless you provide an alternative account belonging to you in the section below: Pay YOUR VET Directly Select this option if your Veterinary Practice is happy for your claim to be paid directly to them. If you select this option, please request that your vet fills in the payment section below and completes the declaration in Section 6.						
Name of Account Holder(s)						
Name of Bank/Building Society Account Number Sort Code						
Signed Print Name Posts						
Signed (Policyholder) Print Name PRINTYOUR NAME Date						

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.

- O Check that all details above are correct. Please amend where appropriate
- O Please ensure the form is signed by both you and your Vet
- O Please ensure the form is stamped by your Vet
- O 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 $\,$ 0
- 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 0

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

3) General Inform	nation			то ве	COMPLETED BY THE VETERINARY PRACTICE	
Date pet 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	s claim?	Yes No				
Treatment dates		From		To	1	
Date symptoms first noted by own	ner					
When did the illness or injury begi	in?	D D M	M / Y Y	H H I M M	TOTAL AMOUNT OF CLAIM (including VAT)	
To your knowledge has this pet proseen for:	reviously been				£	
(a) this illness or injury?		Yes No	CONTINUIN		NEW CLAIM	
(b) any similar or related illness		Yes No	COPY OF TI	OVIDE A DETAILED HE PETS CURRENT	PLEASE PROVIDE A COPY OF THE PETS FULL CLINICAL HISTORY	
(c) any similar or related clinical	-	Yes No	CLINICAL H	ISTORT	TETO TOLE OLINIOAL HISTORY	
Charges within your invoice Please attach the invoice and only complete this section if you have included these items in the total amount of the claim above:						
			nave included the	ese items in the total amo	ount of the claim above:	
Administrative Fees (to comp	plete claim form)	£				
Clinical Diet Food		£		Vaccination Fees	£	
Complementary Treatment	;	£		Dental Scale & Polis	sh £	
Physiotherapy Treatment		£		Flea / Worm Treatm	£	
5) House Calls and Out of Hours Fees To be completed by the veterinary practice						
If you have charged for house calls, and or out of hours fees were these essential for the pets health?						
6) Claim for Deat	h			то ве	COMPLETED BY THE VETERINARY PRACTICE	
Please select cause or suspected		Illness	Accidental Injury	Date of death		
If the pet was put to sleep, did you recommend this?		Yes No		Please provide approxi	mate cause of death	
Cost of euthanasia		£				
Cost of cremation		£				
7) 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.						
	AME OF SIGN		condition.	Practice Stamp (if stamp not	available, please attached a signed compliment slip)	
10	01 010101	Οια		, ,	, , , , , , , , , , , , , , , , , , ,	
Signature			HERE		CTICE NAME AND ADDRESS	
Date					MP OR COMPLIMENT SLIP MUST /ALIDATE THE CLAIM	
Practice telephone number	RACTICE TELL	EPHONE NUMBI	ER		MUST BE SIGNED	
Practice Email Address						