

Veterinary Fee Claim Form



Claims should be submitted and received in writing with the original itemised invoice of the vet treatment being provided: Faxed claims will not be accepted:

1. To be completed by you, the Pet Owner/ Policy Holder

Claims must be submitted in writing with the original itemised invoice(s), payment receipts and veterinary notes for the vet treatment being provided. Faxed claims will not be accepted. For any queries, contact our Claims Department on 1300 732 172 between 8am and 5pm (AEST) Monday - Friday (except public holidays).

Policy number:

Your pet's details

Your pet's name: Species: Dog Cat
Gender: Male Female Desexed: Yes No
Pet's age / DOB: :

Your details

Title: First name: Last name:
Address:
Suburb: Postcode:
Phone: (home)
Email:

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

If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage? %

ABN By leaving these details blank, the insured confirms that no entitlement to GST ITC exists.

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

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

Veterinarian's Notes: (Case summary - please attach radiology and or pathology reports if applicable)

How long has this pet been a client of your clinic? Less than 6 months More than 6 months

Notes:

Note: If this is your pet's first claim please attach a complete veterinary history (medical records) from both current and previous veterinary clinics. If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it.

Date of last vaccination/booster: Type of vaccination:

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 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.

SIGN HERE	<input type="text"/>	<input type="text"/>	Name of attending veterinarian and practice: (please print or stamp)
	Signature of Policy owner	Date	
SIGN HERE	<input type="text"/>	<input type="text"/>	
	Signature of Veterinarian	Date	
<input type="text"/>	<input type="text"/>		
Your Veterinarian Registration Number	Registration State		

Please mail your completed claim form to: Petmed Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765
PLEASE DO NOT STAPLE DOCUMENTS

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Making a Pet Insurance Claim

There are three ways you can claim that ensure that you receive your benefits as quickly as possible.

How to claim in three easy steps

1.) Online claim pet portal - This is an online, seamless way to claim.

You can register or log in to the Online Claim Pet Portal through the following:

<https://petportal-petmed.petsure.com.au/signin?ReturnUrl=%2f>

Once registered or logged in, simply upload the original detailed itemised invoices, payment receipts and veterinary notes to the completed Claim form. Ensure your Vet includes their practice details on the original invoice.

Please note that if this is your pet's first claim you need to attach a complete veterinary history from both current and previous veterinary clinics. If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it. In some instances, we may require more information to process your claim, such as previous medical history or pathology results. If this is the case, we will contact you for this information

2.) If you prefer to submit claims by posting the claim form, or via emailing the claim form please follow the three steps below:

- 1.) Complete the claim form ensuring you and your pets personal information has been provided. Please provide the original detailed itemised invoices, payment receipts and veterinary notes to the completed Claim form. Ensure your Vet includes their practice details on the original invoice.
- 2.) Take the form to your vet, and ask your vet to complete in full Part 2 and 3 and sign the form. Attach the original detailed itemised invoices and payment receipt to the completed claim form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.
- 3.) Mail your claim form, with all listed supporting information to:
Petmed Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765

OR

Send your claim form with all listed supporting information via email to: petmed@petsure.com.au

How your claim is assessed

Once the necessary documentation is received, your claim will be processed without delay. In many cases your claim can be processed directly without veterinary records being required. However, in some cases veterinary records may be requested to assist in understanding some aspect of your claim to ensure it is processed correctly and fairly.

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.

GST: If you are registered for GST and are entitled to a GST input Tax Credit (ITC) on your premium, please complete the following:

ITC percentage _____ % ABN _____

By leaving these details blank you confirm that no entitlement to a GST ITC exists.

Claim Checklist

Prior to submitting this form, please ensure that you have:

- Completed the Claim Form
- Attached the original itemised invoice
- Had your Veterinarian sign the Claim Form
- Attached a full veterinary history (medical records from previous veterinary visits) if this is your first Accident or Illness claim

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

Need more claim forms

You can access copies of this form online at www.Petmed.net.au/ or by calling 1300 732 172 Monday to Friday 8:30am – 5:30pm (EST).

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.

Please mail your completed Claim Form to: Petmed Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765

For any claim enquiry, please call 1300 732 172 between 8:30am – 5:30pm (EST) Monday to Friday