

# Your guide to completing a claim form for policyholders

Please complete **ALL** sections and fields and provide the pet's **FULL** clinical history.

**1** Indicate whether this is a new condition or a continuation.

**2** Remember to enter your policy number. If you are unsure of your policy number, please contact us prior to submission.

**3** Have you entered your contact details? Phone and email are quicker than post if we need to get in touch.

**4** Complete your pet's details.

**6** Please state the condition you are claiming for.

**7** Make sure you tell us the details of your pet's illness or injury and the exact date it was first noticed. Without this information your claim may be delayed.

**8** Don't forget to choose one payment option.

**Dog and Cat Claim Form for veterinary fees**

**Petplan**<sup>®</sup> the pet insurance people

Please note there are items that are not claimable under your Policy, these include, but not limited to: routine and preventative healthcare (shampoo, nail clipping, teeth cleaning, worming, desexing and vaccinations), any illness that occurred within your waiting period and or were a pre-existing condition. If in doubt, please refer to your PDS and Certificate of Insurance. Please also check your policy's excess amount before completing in this form.

**How to make a claim:**  
**Step 1** Please complete Section 1 of this claim form  
**Step 2** Take the claim form to your Vet and ask them to complete Section 2 and sign  
**Step 3** Attach the original invoices and receipts to the completed claim form and post, fax or email to Petplan Australasia Pty Ltd

**Section 1. Your pet's details**

Are you completing this form for a:  New illness or injury or;  Continuation illness or injury

Policy number \_\_\_\_\_ Your Name \_\_\_\_\_  
 Day phone \_\_\_\_\_ Home phone \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile phone \_\_\_\_\_  
 Postal address \_\_\_\_\_  
 Pet's name \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Pet's date of birth \_\_\_\_\_  
 Is this pet insured with any other company?  Yes  No  
 If Yes, what is the name of the insurance company \_\_\_\_\_  
 Have you, or are you intending to lodge a claim for this illness/injury with them?  Yes  No

**Details of your pet's illness**

What condition are you claiming for? \_\_\_\_\_  
 Please tell us the date you first noticed any signs that your pet was unwell or injured before booking an appointment with your vet.  
 Date and time condition first noticed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ am / pm  
 Please tell us the names and addresses of all the vet practices where the pet has attended. \*Please use a separate sheet of paper for multiple practices.  
 Practice Name \_\_\_\_\_ Phone \_\_\_\_\_ Treatment date from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Payee details**

PLEASE COMPLETE ONE OF THE FOLLOWING Please understand that we will not pay your vet unless it has been previously agreed with them to do so.  
 Please check with your vet prior to selecting your payment option below.

**Pay Vet.** I/We have arranged with my/our vet and would like this claim paid directly to them, less my excess and any other non-claimable items.  
 Name of the vet practice \_\_\_\_\_

**or Pay Policyholder(s).** I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.  
 Electronic payment into policyholder's bank account  
 (If you pay your premium by bank account, we will transfer your claim amount to this account)  
 Electronic payment into a chosen bank account  
 (If you pay your premium by credit card, we will transfer your claim amount to the Bank account nominated below)  
 Account name \_\_\_\_\_ BSB \_\_\_\_\_ Account number \_\_\_\_\_

For Petplan use only

**5** So that we have a complete picture of your pet's history, please let us have the details of any other insurance company who your pet has been insured by.

## Final check; have you...

- Indicated if this is a new condition or a continuation? .....
- Included a **FULL** clinical history for your claim? .....
- Included your policy number? .....
- Chosen a payment option? .....

# Your guide to completing a claim form for veterinary staff

Please complete **ALL** sections and fields and provide the pet's **FULL** clinical history.

**1** Complete the date the pet was first registered at your practice. The claim may be delayed if left blank.

**2** If relevant, please give details of the practice that referred the case to you. This will prevent confusion and delay.

**3** You must always complete details about the pet's condition, including the name of the illness or injury and the date the illness or injury first began. Please also let us know if the pet has passed away to prevent any premiums being collected in the future.

**4** Complete all details in full. Email is quicker than post if we need to get in touch.

**5** Always sign and date the form – we cannot process unsigned forms.

**Section 2. Please ask your vet to complete this section**

**General information**

When was this pet first registered at your practice? \_\_\_\_/\_\_\_\_/\_\_\_\_

If this pet has been referred please give the name, address and telephone number of the practice which referred it.

Name \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

**About the illness or injury**

Condition \_\_\_\_\_

Name of the illness or injury (if no diagnosis has been made, please give clinical signs) \_\_\_\_\_

Treatment date from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Did death or euthanasia result from this illness or injury?  Yes  No

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

Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

To your knowledge, has this pet been seen before for:  Yes  No

Is this claim a continuation of a previous claim?  Yes  No

This illness or injury  Yes  No

Any similar or related illness or injury  Yes  No

Any similar or related clinical signs  Yes  No

If Yes, please provide the history with dates \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Declaration By Veterinary Practice**

This practice has an Agreement to be paid direct by Petplan  Yes  No

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Position in practice \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Signature  \_\_\_\_\_

Total amount being claimed (inc. GST) \$ \_\_\_\_\_

(To be signed by consulting Vet) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Vet practice stamp here)

**What happens next:**


Once we receive the necessary documentation, your claim will be processed as quickly and easily as possible. If you have any questions about your claim please call us on 1300 738 225 between 8:30am – 5:00pm (AEST) Monday to Friday.

**We value your feedback**

Please leave your review at [feefo.com.au](http://feefo.com.au) or [productreview.com.au](http://productreview.com.au)

Share your story on our website & social media

Email us at [marketing@petplan.com.au](mailto:marketing@petplan.com.au) (remember to include a few pictures)



## Final check; have you...

Enclosed original invoices to support the claim, plus a **FULL** clinical history?

Signed and dated the form

Please note, if you are both the policyholder and veterinary staff then another member of the practice should complete section 2.