

Your guide to completing a claim form for policyholders

For a continuation claim (where you have already submitted a form for earlier treatment of the same condition), you only need to complete the yellow shaded boxes marked 'C'. If your claim is for a new condition, please complete ALL sections and all fields.

2 Remember to enter your policy number. Without this we cannot process your claim

3 Have you entered your contact details? Phone and e-mail are quicker than post if we need to get in touch

4 Complete your pet's details

5 Please state each condition you are claiming for

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

7 Don't forget to choose one payment option and sign that section

1 Indicate whether this is a new claim or a continuation

8 So that we have a complete picture of your pet's history, please let us have the details of any other veterinary surgery where your pet has been registered

Petplan
the pet people

Date received: _____ For Petplan use only: _____

New Condition Continuation Condition

Claim Form for Veterinary Fees

Please make sure that this claim form is completed CLEARLY and IN FULL to ensure the correct assessment of your claim form.
If you are submitting a CONTINUATION CLAIM only complete the YELLOW SHADED BOXES MARKED WITH A 'C'. Please use a BLACK PEN and BLOCK CAPITALS.
We may contact you about this claim and future claims by letter, text message or email, using the contact details provided on this form.

1. Policyholder to complete POLICY NUMBER

2. Policyholder to complete ABOUT YOU

Policyholder's name: _____
Daytime telephone no: _____
Mobile no: _____
Email address: _____
Policyholder's address: _____
Postcode: _____

3. Policyholder to complete ABOUT YOUR PET

Pet's name: _____
Pet's Microchip no.: _____
Pedigree name: _____
Pet's date of birth: _____
Male Female

Breed: _____
If crossbreed, please state dominant breed (step only): _____

4. Policyholder to complete DETAILS OF YOUR PET'S ILLNESS/INJURY

For each condition you are claiming for, please tell us the date you first noticed any signs that your pet was unwell or injured. This date may be before you contacted your veterinary practice.
Your claim may be delayed if we do not have this information.

Condition 1 description: _____
Date you noticed your pet was unwell: _____

Condition 2 description: _____
Date you noticed your pet was unwell: _____
Did the illness or injury result in the death of your pet? Yes No

5. Policyholder to complete PAYEE DETAILS

By signing this form I authorise Petplan to provide the veterinary practice with information about my policy in respect of this claim and my signature that I have checked the information relating to this claim and that it is correct to the best of my knowledge.

PLEASE COMPLETE ONE OF THE FOLLOWING

Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

A. Pay the Vet directly - please tick
I/We have checked with the vet and would like this claim paid directly to them.

Please write the name of the veterinary practice here: _____
Please sign here: _____
Print name: _____ Date: _____

B. Pay Policyholder(s) - please tick
Certificate of Insurance
Please sign here: _____
Print name: _____ Date: _____

C. Pay one Policyholder (For joint policies only) - please tick
We wish one policyholder to be paid only
Policyholder to be paid: _____
Both policyholders must sign: _____
Print name: _____ Date: _____
Print name: _____ Date: _____

IMPORTANT NOTES

- Please include all required documentation, including original invoices and receipts
- If the claim is being faxed, please retain all the original copies of the claim form

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM

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We're happy to help!
If you have any questions call us on
0845 074 4406

Final check, have you...

Indicated if this is a new claim or continuation?

Completed ALL 5 sections including ALL yellow shaded boxes if your claim is for a new condition?

Completed ALL yellow shaded boxes if your claim is a continuation?

Included your policy number?

Chosen a payment option?

Signed the form?



Your guide to completing a claim form for veterinary staff

For a continuation claim (where the client has already submitted a form for earlier treatment of the same condition), you only need to complete the yellow shaded boxes marked 'C'. If the claim is for a new condition, please complete ALL sections and all fields.

1 Complete the date the pet was first registered at your practice or the claim may be delayed

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

3 If a house visit or out of hours treatment was provided, please tell us why so we can consider the cost

7 You must always complete details about the pet's condition including name of illness or injury and the date the illness or injury first began. Please let us know if the pet has passed away, we would like to offer our client sympathy and prevent any premiums being collected in future

8 Attach a detailed invoice from your practice. Number each condition so that our Claims department can see which treatment relates to which condition. Please do not use highlighter pens as highlighted areas do not show up when copying documents

9 Complete all details in full. Could we contact you by e-mail if we have a query? It is much quicker than sending a letter

4 If this claim is for a condition that the pet could have been vaccinated against remember to give the date of last vaccination

5 For all dental claims, please ensure you include the full dental history

6 Don't forget to complete the questions on crystals if the claim is for urinary problems

10 Always sign, date and stamp the form - we cannot process unsigned or unstamped forms

Final check, have you...

Completed ALL yellow shaded boxes if the claim is a continuation? Enclosed full invoices to support the claim?

Completed ALL sections including the yellow shaded boxes if the claim is for a new condition? Signed, dated and stamped the form with your practice stamp?

