

# Your guide to completing a claim form for policyholders

**Petplan®**

If the claim is for a new condition, please complete **ALL** sections and fields and provide the pet's **FULL** clinical history.

For a continuation claim (where you have already submitted a form for earlier treatment of the same condition), you only need to complete the shaded boxes.

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

**3** Have you entered your contact details? We will need your email address in order to process claims payments.

**4** Complete your pet's details, including whether your pet is a member of your vet's health or wellness plan.

**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 it was first noticed. Without this information your claim may be delayed.

**7** Don't forget to select whether you would like us to pay you or your vet and sign the form.

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

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**Claim Form for Veterinary Fees**

**Are you completing this form for a:**

- New illness or injury
- Continuation illness or injury

**Please complete the claim form fully, using a black pen and block capitals. Missing information will delay your claim.**

**1. Policyholder to complete** **POLICY NUMBER**

Policyholder's surname  
First name  
Contact no.  
Email address

**2. Policyholder to complete** **ABOUT YOU**

Policyholder's address  
Postcode

**3. Policyholder to complete** **ABOUT YOUR PET**

(Required to process claims payments)  
Pet's name  
Pedigree name  
Breed  
If crossbreed, please state dominant breed (dogs 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.

**CONDITION 1** Date you noticed your pet was unwell / /

Description:

**CONDITION 2** Date you noticed your pet was unwell / /

Description:

**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 the veterinary practice to provide Petplan with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

**WHO WOULD YOU LIKE US TO PAY** Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

Pay the vet direct  
I/We have checked with the vet and would like this claim paid directly to them

Pay policyholder(s)

**DIRECT DEBIT CUSTOMERS**

Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.

**IMPORTANT NOTES**

- Please include all required documentation, including original invoices and if this is the first claim, a full clinical history
- Please use a separate claim form for each animal

**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 need any help completing this form, please visit [petplan.co.uk/my-petplan/howtoclaim.asp](http://petplan.co.uk/my-petplan/howtoclaim.asp)

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

Final check; have you...

Indicated if this is a new condition or a continuation?.....

Completed **ALL** 5 sections, including all shaded boxes if your claim is for a new condition?.....

Completed **ALL** shaded boxes if your claim is a continuation?.....

Included a **FULL** clinical history for your claim?.....

Included your policy number?.....

Selected the payee details?.....

Signed the form?.....

Every pet deserves



# Your guide to completing a claim form for veterinary staff

If the claim is for a new condition, please complete **ALL** sections and fields and provide the pet's **FULL** clinical history. 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.

# Petplan®

**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** 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 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.

**8** Attach a detailed invoice from your practice. Number each condition so we can see which treatment relates to which condition. Please do not use highlighter pens as they will not show up on copied documents.

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

**New illness or injury - Complete ALL sections clearly and in full. Continuation illness or injury - IF THIS IS THE FIRST CLAIM FOR THIS PET, PLEASE CAN YOU SUBMIT A FULL CLINICAL HISTORY**

**ASK YOUR VET TO COMPLETE THESE THREE SECTIONS**

**6. Vet practice to complete**

**GENERAL INFORMATION**

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

If this pet has been referred, please give their contact details below and submit the referral letter or report.

Name of referring vet practice  
Address  
Telephone no.

Was a house visit or out of hours treatment provided? Yes  No

Does this pet have a current health or wellness plan with you? Yes  No

If yes, are the discounts applied in this claim? Yes  No

If no, what is the reason? \_\_\_\_\_

**7. Vet practice to complete**

**CONDITION 1**

Name of the illness or injury (If no diagnosis has been made please give clinical signs)

Is this condition a continuation? Yes  No

Treatment dates: from / / to / /

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

Date of death / /

When did this illness or injury begin? (as noted on your records) / /

To your knowledge, has this pet been seen before for this illness or injury, any similar or related illness or injury or clinical sign(s)? Yes  No

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

Total amount claimed (inc VAT) £ \_\_\_\_\_

**PLEASE ENCLOSE ITEMISED INVOICES FOR EACH CONDITION CLAIMED ON THIS CLAIM FORM**

**8. Vet practice to complete**

**DECLARATION BY THE VETERINARY PRACTICE**

This practice is authorised to have claims paid direct Yes  No

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

Name \_\_\_\_\_  
Position in practice \_\_\_\_\_  
Petplan Practice no. \_\_\_\_\_  
Email address \_\_\_\_\_

Vet stamp \_\_\_\_\_  
Signature X \_\_\_\_\_ Date / /

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

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## Final check; have you...

Completed **ALL** sections and fields, including the shaded boxes if the claim is for a new condition?.....

Completed **ALL** shaded boxes if the claim is a continuation?.....

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

Signed, dated and stamped the form with your practice stamp?.....

Please note, if you are both the policyholder and veterinary staff then another member of the practice should complete sections 6, 7 and 8.