Your guide to completing a claim form for policyholders

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.

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

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

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

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

**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.**

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

**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 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.

**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.

**4.** 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.

**5.** 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.

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

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

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

**9.** 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** 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.*

Petplan’s trading address is: Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.