

# Veterinary Fee Claim Form



Claims should be submitted in writing and received with the original itemised invoice(s) within 90 days of the vet treatment being provided. Faxed claims will not be accepted.

## Privacy

PetSure Pty Ltd ("PetSure", "we", "us" or "our") collects personal information about you on behalf of The Hollard Insurance Company Pty Ltd ("HIC"). All information collected throughout the claims process by PetSure or HIC will be shared with both companies.

The information we collect will be used to assess and process your claim. The information may also be used if you apply for insurance from us in the future. If you fail to provide us with all or part of the information we require, we will be unable to assess and process your claim. Personal information will be collected from you or, where that is not practicable, from other organisations such as veterinary practices.

The information we collect may be disclosed to other organisations, including but not limited to veterinary practices, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, an organisation that is duly appointed to manage the administration of such insurance policy or interpreters. We are likely to disclose your personal information to service providers in the Philippines. Otherwise we are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website or you can request a copy by contacting us. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy please call **1300 881 735** Monday to Friday, 8am – 8pm AEST.

## I. To be completed by you, the Policy owner

Policy number:

### Your pet's details

Your pet's name:

Species:  Dog  Cat

Gender:

Male  Female Desexed:  Yes  No

Pet's age/  
date of birth:

Colour:

Breed:

### Your details

Title:

First name:

Surname:

Address:

Suburb:

State:

Postcode:

Phone: (home)

(work)

(mobile)

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

Case summary: Please attach full veterinary history, radiology, pathology reports and consultation notes where 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" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	Name of attending veterinarian and practice: (please print or stamp)
	Signature of Policy owner	Date	
SIGN HERE	<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	
	Signature of Veterinarian	Date	
	<input type="text"/>	<input type="text"/>	
	Your Veterinarian Registration Number	Registration State	

### Make a claim in three easy steps

#### Step one

Fill in your and your pet's personal information and sign the Claim Form.

#### Step two

Take the form to your vet, and ask your vet to fully complete section 2 and sign the form.

#### Step three

Attach the original detailed itemised invoices and payment receipts to the completed Prime Pet Insurance Claim Form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.

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

### 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.

### 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 [primepetinsurance.com.au](http://primepetinsurance.com.au) or by calling 1300 881 735 between 8am – 8pm Monday to Friday (AEST).

**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.

**For any claim enquiry, please call 1300 881 735 between 8am – 8pm Monday to Friday (AEST).**

**Please mail this completed form to:**

Prime Pet Insurance  
Locked Bag 9021  
Castle Hill NSW 1765

**PLEASE DO NOT STAPLE DOCUMENTS**

or fax both sides of this form with all accompanying documentation to 1300 367 229.

**For any questions, please call 1300 881 735 between 8am – 8pm Monday to Friday (AEST).**

Prime Pet Insurance is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436 and is a trading name of and is arranged and promoted by Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079 and is administered through PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183.

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