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# PET HEALTH PLAN

Veterinary Fee Claim Form.

Need any help completing this form?



**13 88 68**

**9am ~ 4pm (EST)**

For office use only

Claim No: \_\_\_\_\_

Join date: \_\_\_\_\_

## Your Details (Policy Owner)

Pet Health Plan Policy Number

Policy Owners details: Mr  Mrs  Miss  Ms  Other

First name  Surname

Postal Address

Postcode

Telephone work ( )  home ( )

Please tick if there has been a change of address

## Your Pet's Details

Your Pet's Name

Dog  Cat  Male  Female

Date of birth  /  /  Colour

Breed

Microchip Number (if applicable)

***This section is to be completed by the Veterinarian in full to ensure speedy processing of your claim***

## Record of Veterinary Services

Condition/Diagnosis (Please indicate a Diagnosis or tentative Diagnosis for each separate problem)	Date of Treatment	Date of first clinical signs (include dates of previous related or similar conditions)	Total Charge

**Veterinarian's Notes:** Case Summary - Please attach Radiology and/or Pathology reports where applicable.

How long has this pet been a client of your clinic? Less than 6 months  More than 6 months

Date of last vaccination/booster:  /  /  Type Of Vaccination

**Please attach ORIGINAL itemised invoices and receipts showing payment in full to this completed Claim Form**

## Declarations (Please sign below)

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 a claim and/or cancellation of the policy. I/We confirm that the invoice(s) submitted with this claim have been paid in full and I/we understand that InsuranceLine 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 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.

**Please ensure the Pet Owner and Veterinarian, sign here;**

Signature of Pet Owner   Date  /  /

Signature of Veterinarian   Date  /  /

Name of attending Veterinarian & Practice

**please complete your claim form, attach ORIGINAL itemised invoices and mail to**



**InsuranceLine Pet Health Plan, Claims Department  
Locked Bag 9021, Castle Hill, NSW 1765**



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Veterinary Fee Claim Form.

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**13 88 68**

**9am ~ 4pm (EST)**

Pet Health Plan is promoted by InsuranceLine Pty Limited ABN 39 084 666 017 AFSL 243 260. Pet Health Plan is insured by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 AFSL 241 436

## How to make a claim in 4 easy steps

### Step 1

Complete the claim form overleaf or obtain an additional claim form by contacting InsuranceLine on 13 88 68 between 9am and 4pm or visit our website at [www.insuranceline.com.au](http://www.insuranceline.com.au) to download a claim form.



### Step 2

Fill in your details and your pet's details and sign the claim form.



### Step 3

Take the claim form to your Veterinarian to complete the Record of Veterinary Services section. Ensure your Veterinarian signs the claim form and includes his/her Practice details on the attached itemised invoice.



### Step 4

Attach original itemised invoices and payment receipts to your claim form and mail to InsuranceLine at:

InsuranceLine Pet Health Plan  
Claims Department  
Locked Bag 9021  
Castle Hill NSW 1765

**PET HEALTH PLAN**  
Veterinary Fee Claim Form.  
Need any help completing this form?  
**13 88 68** 9am ~ 4pm (EST)

**Your Details (Policy Owner)**  
Pet Health Plan Policy Number: 103705  
Policy Owners details: Mr  Mrs  Miss  Ms  Other   
First name: DAVID Surname: SMITH  
Postal Address: 123 SAMPLE ST SYDNEY  
Postcode: 2001  
Telephone work ( ) home ( )  
Please tick if there has been a change of address

**Your Pet's Details**  
Your Pet's Name: RUSTY  
Dog  Cat  Male  Female   
Date of birth: 08 / 08 / 07  
Colour: BROWN  
Breed: AUSTRALIAN CATTLE DOG  
Number/Gates: 781958

**Record of Veterinary Services**  
Condition/Diagnosis (Please indicate a Diagnosis or tentative Diagnosis for each separate problem)  
Date of Treatment  
Date of first clinical signs (include dates of previous related or similar conditions)  
Total Charge  
VETERINARIAN TO COMPLETE

**Veterinarian's Notes:** Case Summary - Please attach Radiology and/or Pathology reports where applicable.  
VETERINARIAN TO COMPLETE

How long has this pet been a client of yours? Less than 6 months More than 6 months  
Date of last vaccination: / / Type Of Vaccination: / /  
Please attach ORIGINAL itemised invoices and receipts showing payment in full to this completed Claim Form

**Declarations (Please sign below)**  
I 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 a claim and/or cancellation of the policy. I/we confirm that the hospital submitted with this claim have been paid in full and I/we understand that InsuranceLine 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 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.

Signature of Pet Owner  Please ensure the Pet Owner and Veterinarian, sign here:  
Signature of Veterinarian   
Name of attending Veterinarian & Practice  Date: / /  
 Date: / /

**please complete your claim form, attach ORIGINAL itemised invoices and mail to**  
InsuranceLine Pet Health Plan, Claims Department  
Locked Bag 9021, Castle Hill, NSW 1765

**Please note: All claims should be submitted in writing within 60 days of incurred Veterinary expenses, unless otherwise stated in the policy document**

**Faxed claims will not be accepted**

## Claims Checklist

- Have you completed your claim form?
- Have you signed your claim form?
- Have you attached original itemised invoices and receipts?
- Has your Veterinarian signed your claim form?

## how to contact the claims department



**local phone**  
**13 88 68**  
9am - 4pm  
Monday to Friday



**email**  
[petclaims@insuranceline.com.au](mailto:petclaims@insuranceline.com.au)