

Pet Health Insurance Form

Need any help completing this form? **1300 880 750** 9am-5pm



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. **Note: If this is your first claim please attach a complete veterinary history (medical records) from all 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.

YOUR DETAILS (Policy Owner)

Pet Health Plan Policy Number:

Policy Owner's details: Mr Mrs Miss Ms Other

First name: Surname:

Postal address:

Suburb:

State: Postcode:

Telephone: mobile () home ()

Email address:

Please tick if there has been a change of address or contact details

YOUR PET'S DETAILS

Your pet's name:

Dog Cat Male Female

Desexed: Yes No

Date of birth: dd: mm: yyyy: Colour:

Breed:

Microchip Number (if applicable)

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.

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

RECORD OF VETERINARY SERVICES

Type and cause of injury or condition diagnosis	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 and consultation notes where applicable.

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

Is this a continuation of a prior claim or condition? Yes No

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 the insurer 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:

Sign here:

Date: dd / mm / yyyy

Signature of veterinarian:

Sign here:

Date: dd / mm / yyyy

Name of attending veterinarian & practice:

Veterinarian registration no:

Registration state:

Please see overleaf for details on how to submit your claim.

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 complete in full and sign the form.

Step Three:

Attach the original detailed itemised invoices and payment receipts to the completed claim form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.

Then mail your completed claim form to: InsuranceLine Pet Health Plan, 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 *(please do not staple documents)*

Before sending in your claim, please ensure you have:

- Completed and signed Veterinary Fee Claim Form
- Attached the itemised invoice
- Attached a full veterinary history (medical records from previous veterinary visits) if this is your first Accident or Illness claim (no history is required for Routine Care claims)

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 insuranceline.com.au or by calling **1300 880 750** 9am –5pm Monday to Friday

Once completed please return this form to



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

How to contact the claims department



Local phone
1300 880 750
9am - 5pm (EST)
Monday to Friday



Email
taldirectadminpet@tal.com.au