



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.

Please use a black pen and print in CAPITALS. If you have any questions about your claim, please call 1800 424 917 between 8.30am-5pm (EST) Mon- Fri

**Please mail completed claim form to:
PROSURE* – Claims Department, Locked Bag 9021, Castle Hill, NSW, 1765**

1. To be completed by the Pet Owner/Policy Holder

Policy Number: _____

Your pet's details

Your pet's name: _____

Species: Dog Cat

Gender: Male Female

Desexed: Yes No

Pet's age/D.O.B. _____

Colour: _____

Breed: _____

Your details

Title: _____ First Name: _____

Surname: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Phone: (H) () _____

(W) () _____

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	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 if applicable)

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

Note: If this is your pet's first claim or your pet has been insured with us for less than 6 months please attach a complete veterinary history (medical records) for both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit 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.

_____/_____/_____
Signature of pet owner/policy holder _____ Date

_____/_____/_____
Signature of veterinarian _____ Date

Veterinarian registration number _____ Registration state

Name of attending vet and practice (please print)



PROSURE*

VET'S OWN PET INSURANCE

Phone: 1800 424 917

www.prosure.com.au

MAKING A CLAIM IN 3 EASY STEPS

Step 1

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

Step 2

Take the claim form to your Veterinarian, and have your Veterinarian complete the applicable sections. Ensure your Veterinarian includes his/her Practice details on the attached invoice.

Step 3

Attach the original detailed itemised invoices to the completed PROSURE Pet Insurance Claim form and mail it to PROSURE Pet Insurance at the address below.

**PROSURE Pet Insurance
Claims Department
Locked Bag 9021
Castle Hill
NSW 1765**

Claim checklist

Prior to sending in your claim, please ensure you have completed the following:

- Fully completed the Claim Form
- Attached the actual itemised invoice
- Your Veterinarian has signed the claim form
- Attached a full Veterinary History (medical records from previous veterinary visits) if this is your first Accident or Illness claim?

Please make sure all items on the checklist are completed before you post your claim, otherwise payment may be delayed.

Please Note: Claims should be submitted and received in writing with the itemised invoice within 90 days of the Vet Treatment being provided.

Faxed Claims will not be accepted.

Claims Department is available 8.30am – 5pm Monday to Friday (AEST)

Phone: 1800 424 917

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.