



VETERINARY FEE CLAIM FORM

Claims must be submitted and received in writing with the itemised invoice within **90 days** of the vet treatment being provided. Claims not received within this period will incur a late submission penalty of \$100 in addition to any other Excess or Co-payment applicable to your policy.

Faxed claims will not be accepted. 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

Insured's Policy Number: _____	Pet's Name: _____
Policy holder's details: Title: Mr / Mrs / Ms / Miss / Dr / other _____	<input type="checkbox"/> Dog or <input type="checkbox"/> Cat <input type="checkbox"/> Male or <input type="checkbox"/> Female
First Name: _____	De-sexed: <input type="checkbox"/> Yes or <input type="checkbox"/> No
Family Name: _____	Pet's Age: _____ DOB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address: _____	Colour: _____
Suburb: _____	Breed: _____
State: _____ Postcode: _____	Email: _____
Ph: (H) () _____ (W) () _____	
Mobile: _____	Please tick <input type="checkbox"/> if there has been a change of address or contact details.

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: _____ / _____ / _____

Name of attending vet and practice (please print)

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) if this is your first 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. Claims not received within this period will incur a late submission penalty of \$100 in addition to any other Excess or Co-payment applicable to your policy. 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.