



## 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. Claims not received within this period may incur a late submission fee. Faxed claims will not be accepted. **Note:** If this is your first claim or your pet has been insured with us for less than 6 months please attach a complete veterinary history (medical records) from all current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it.

### Part 1: 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

Pets Age/D.O.B  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:

### Part 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	Dates of first clinical signs (include dates of previous related or similar conditions)	Total charge

**Case Summary** Please attach 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 Is this a continuation of a prior claim or condition?  Yes  No

Case Notes:

### 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:  Date:  Name of attending veterinarian and practice: (please print)

Signature of veterinarian:  Date:

Please mail your completed claim form to: Woolworths Pet Insurance, Locked Bag 9021, Castle Hill, NSW 1765

## 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 Part 2 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: Woolworths 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 (Please do not staple documents)

Before sending in your claim, please ensure you have:

- Completed the Claim Form
- Attached the original itemised invoice
- Signed Veterinarian Claim Form
- Attached a full veterinary history 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 [woolworths.com.au/insurance](http://woolworths.com.au/insurance) or by calling 1300 10 1234 between 8:00am – 8:00pm (AEST), Monday to Friday (except public holidays).

**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.

Please mail your completed claim form to: Woolworths Pet Insurance, Locked Bag 9021, Castle Hill, NSW 1765

**For any claim enquiry, please call 1300 10 1234 between 8:00am – 5:00pm Monday to Friday (AEST) (except public holidays)**