

Claim Form For Veterinary Fees

Fill in a separate claim form for each condition being claimed

1. About You - to be completed by policyholder(s)

Policy Number: **DN PET** _____

Policyholders' Name **Mr/Mrs/Ms** _____
 Address: _____

 Home Telephone: _____ Mobile: _____
 Email: _____

2. About: Your pet - to be completed by policyholder(s)

Your pet's name _____ Male Female
 Breed _____ Dog Cat

Pedigree Name _____

When did you take ownership of your pet? _____ Date _____

If your pet has been seen at more than one veterinary practice, please provide details here.

A. Name _____
 Address _____

B. Name _____
 Address _____

Name of **the illness** or injury you are claiming for (in your own words), and the date when you first noticed any signs.

What date did you first notice any signs of this problem? _____ Date _____

If your pet has been injured, please use a separate sheet to tell us how it happened.

3. Policyholder Declaration - to be completed by policyholder(s)

By signing this form I authorise the veterinary practice to provide Allianz with all information relating to my pet, I also confirm that I have checked the information given on this form and that it is correct to the best of my knowledge.

Payee details

Policyholder/s please complete the following:

A. Pay me the policy holder/s

B. Pay the vet directly Practice Name: _____

(if you request to pay the claim directly to a veterinary practice, we reserve the right to decline your request)

Important Points to Note:

- In the case of claims for **REFERRAL VETS** please ensure that Allianz has received a **CLAIM FORM** from the **ORIGINAL** treating vet.
- Do not sign this claim form until it has been **FULLY COMPLETED** (including all dates and treatment costs) by you and the vet, as your claim may be delayed if we do not have this information.
- If we decide that we cannot pay some or all of your claim, you will have to pay your vet for any treatment we have not paid.

Signature of Policyholder **X** _____ Date **X** _____

Signature of Joint Policyholder **X** _____ Date **X** _____

If this is the first claim for this pet, please submit a full clinical history

4. About the illness or injury - to be completed by the treating Vet

One condition per claim form

(A) Name of the illness or injury, or state the clinical signs if you have not yet made a diagnosis

(B) Has your practice sent us a claim for this illness or injury before? Yes go to section 5 No or don't know Referred

(C) When was this pet first registered with your practice? Date _____

(D) When did this illness or injury first begin (as noted by you, by the client or on the pet's record)? Date _____

(E) Was any part of this claim for dental treatment? Yes No

If yes, please send in the pet's clinical notes for the last two years

(F) Did you make house visits in connection with the treatment being claimed for? Yes No

Why were the house visits necessary?

(G) If the pet was referred to you, please give the name and address of the referring practice.

5. Treatment Fees - to be completed by the treating Vet. Please send detailed invoices for claims over €200.00.

(A) First and last date of treatment being claimed for First _____ Last _____

(B) Fees we normally pay for

▼ If the total fees are less than €200, please complete this section. If the total fees are greater than €200 you need to attach an invoice listing dates, treatment and medication for each illness or injury.

Consultations € _____

Hospitalisation € _____

X-Rays € _____

Tests and pathologies € _____

General anaesthetic € _____

Surgery € _____

Medication € _____

Other (please give details) € _____

Total fees € _____

VAT € _____

6. Vet Declaration

If claiming for illness, or if this is the first time claiming for this condition, please include a Full Clinical History from the first date the pet was registered with your practice.

I have checked the information on this claim form and as far as I know it is correct.

The fees I have charged are no higher than my normal fees.

Practice stamp

Vet Signature _____

Date _____

Please return to: Allianz, Pet Insurance Claims, P.O. Box 48 48, Freepost, Dublin 4.
This address may be used on any envelope. It's free and ensures delivery directly to our Claims Staff.
Telephone: 1890 48 48 48 Fax: 01 6134486

FRAUD WARNING any person who knowingly and with intent attempts to defraud any insurance company or files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading any material fact thereto, is committing a fraudulent insurance act. This is a crime and subjects such a person to criminal and civil penalties. If any person makes a fraudulent claim or a fraudulently exaggerated claim, then the claim shall not be paid, the insurance may be declared void, the premium shall not be returned and any sums already paid on foot of the claim shall be repayable to the insurer. We reserve the right to notify the relevant authorities where these circumstances arise.