PET INSURANCE VETERINARY FEE CLAIM

Return this completed form with the original itemised invoice(s) for the vet treatment being provided. Please use a black pen and print in CAPITALS. Alternatively, you can submit claims online through a secure pet portal at **petportal-hcf.petsure.com.au/SignIn**

Note: Please attach all relevant itemised tax invoice(s), payment receipt(s) and applicable consultation notes from your vet for this claim. In some instances, we may require more information to process your claim, such as previous medical history or pathology results. If this is the case, we'll contact you for this information.

1 POLICYHOLDER DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

HCF Pet Insurance policy number

Pet's name

Dog ☐ Cat ☐ Male ☐ Female ☐ Desexed? Yes ☐ No ☐

Pet's date of birth

Colour

Breed

Policyholder details

First name

Surname

Home address

Suburb

State

Postcode

Phone

Email

@ . .

☐ Please tick here if there has been a change of address

If you are registered for GST and are entitled to a CST 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 RECORD OF VETERINARY SERVICES (PLEASE ASK YOUR VET TO COMPLETE IN ORDER 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
	/ /		
	/ /		
	/ /		
	/ /		

VETERINARIAN'S NOTES (CASE SUMMARY): Please attach any relevant radiology and/or pathology reports where applicable

When was this pet registered at your practice?

Date of last vaccination/booster (DD MM YYYY)

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 veterinary services as detailed in the account(s) submitted with this claim have been provided' and I/We understand that the policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise my/our 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. I/We consent to The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746 (HCF), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard) collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to HCF, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to HCF, PetSure or Hollard and also to give this consent on both my and their behalf.

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746 (HCF), PetSure (Australia) Pty Ltd ABN 95 075 949 923 (PetSure), The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Hollard). We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. Information about how PetSure manages personal information is contained in the PetSure Privacy Policy **petsure.com.au/privacy-policy**. Information about how HCF manages personal information is contained in the HCF Privacy Policy. **hcf.com.au/about-us/about-HCF/governance-and-structure/policies/privacy-policy**. Information about how Hollard manages personal information is contained in the Hollard Privacy Policy **hollard.com.au/privacy-policy**. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at **hcf.com.au/insurance/pet**

Signature of policy holder

X

Date (DD MM YYYY)

Signature of veterinarian

X

Date (DD MM YYYY)

Name of attending veterinarian and practice details: (Please print)

Vet registration number

Registration state

4 MAKE A CLAIM IN 3 EASY STEPS

STEP 1

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

STEP 2

Take the form to your veterinarian, and have your veterinarian complete the applicable sections. Ensure your veterinarian includes his/her practice details on the attached original/copies of invoice.

STEP 3

Option 1: Attach the original detailed itemised invoices, payment receipts and veterinary notes to the completed claim form and mail to:

HCF Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

Option 2: Submit this claim form online through the pet portal at **hcf.com.au**
If you need another claim form go to **hcf.com.au/petinsurance** or call HCF Pet Insurance on **1800 630 681** between 8am to 8pm (AET/AEDT) Monday to Friday.

5 HOW YOUR CLAIM IS ASSESSED

Once the necessary documentation is received, your claim will be processed. 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.

6 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, or if you have elected to pay your premiums by credit card you will need to nominate a bank account to receive claim benefits. Following the payment of your claim you will also receive a letter/remittance statement.

7 CLAIM CHECKLIST

Prior to sending in your claim, make sure you've completed the following requirements:

- ☐ You have completed all details in this form.
- ☐ You and your veterinarian have signed this form.
- ☐ You have attached the original itemised invoice and receipts.
- ☐ You have attached any relevant vet consultation notes.
- ☐ You have attached an adoption certificate if your pet is an adopted or rescued pet (if not previously supplied to us).

8 CLAIM QUERIES

Our customer service team is available between 8:00am and 8:00pm (AEST) Monday-Friday.

Phone: **1800 630 681**

Email: **hcf@petsure.com.au**

Disclaimer: It's a criminal act to intentionally 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.

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