

# Your Vet Fee Claim Pack

## How to claim



**direct line**



Claims helpline: **0345 246 8496**

Open Monday-Friday 8am-6pm

Saturday 9am-5pm

[petclaimreturn@ukpartnerships.com](mailto:petclaimreturn@ukpartnerships.com)

To help us progress your claim, please ask your Veterinary Practice to complete all sections on pages 3 and 4 of this claim pack.

### Points to note...

Please read your policy documents to ensure you know which level of cover you have and what you're covered for.

- The vet fee limits applicable to each condition are dependent on the policy limits in force at the time the condition first started. These may not be the same as our current policy wording or if you have changed your level of vet fees cover.
- Your Vet Fee excess applies to each separate condition. If a claim includes costs for more than one condition (e.g. multiple lumps that do not have the same diagnosis) an excess is applied per condition.
- All cover for ongoing claims is subject to your policy remaining in force.
- If any details for the pet on this form (e.g. age, breed) are different to the information we hold then this will delay the claim
- Either you or your vet can email / send the claim form back to us.

It's your responsibility to check the accuracy of all information provided on this form.

### Key Exclusions...

#### You're not covered for:

- Any injury, illness or disease or symptoms relating to any injury, illness or disease that was in existence prior to your pet being insured with us, will not be covered. This includes any recurring conditions.
- Any claim arising from any illness or disease that happens within the first 14 days of the pet being covered under this policy. This includes any recurring conditions.

There is a full list of exclusions and benefits in your policy wording.

This list does not cover all of the policy exclusions so please read your policy documents for full terms and conditions.

### During your claim...

#### We may contact you about this claim and future claims by:

- Text Message
- E-mail
- Letter
- Phone

As such, please ensure that all relevant contact details provided on this form are correct.

We also suggest that you keep copies of all documents you send us for your reference.

Sign up to Pet Drugs online and you could save on the cost of your pet medication. As long as the condition is covered by your policy, you can claim up to £15 to help cover the cost of your vet prescription when you order through Pet Drugs Online

Visit [petdrugsonline.co.uk/directline](http://petdrugsonline.co.uk/directline)

This offer is not an endorsement by Direct Line of [www.petdrugsonline.co.uk](http://www.petdrugsonline.co.uk) and customers should always rely on the advice of their vet with regard to diagnosis, treatment and medicines for their pet.



Continued overleaf

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### Your Details (please note incomplete sections may delay the claim)

Policyholder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policyholder Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

\_\_\_\_\_

Mobile No: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

### Details of your pet

Pet's Name: \_\_\_\_\_

Dog:

Cat:

Sex: M

F

Age: \_\_\_\_\_

How long have you owned your pet? Years: \_\_\_\_\_ Months: \_\_\_\_\_

### Details of the claims

#### Condition 1:

Please tell us what this claim is for? \_\_\_\_\_

\_\_\_\_\_

When did your pet first show any signs of this illness/injury? \_\_\_\_\_

\_\_\_\_\_

#### Condition 2:

Please tell us what this claim is for? \_\_\_\_\_

\_\_\_\_\_

When did your pet first show any signs of this illness/injury? \_\_\_\_\_

\_\_\_\_\_

### Policyholder Declaration

- I am aware that Direct Line Insurance regularly exchanges claims information with other insurance companies that provide related insurance.
- I hereby give my consent for the release of any medical information necessary to process this claim, both from and to Direct Line Insurance.
- To the best of my knowledge all details supplied are true. I understand that in the event this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable for prosecution.

Signature: Not needed if emailing to us Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Payment:** Please tick one option

Bank Transfer (recommend)

Postal Cheque

Direct to your Vet

Continued overleaf (for completion by the vet)

Bank Transfers can only be made into the account from which your premiums are paid. Cheques will be made payable to the policyholder. Please ensure your vet has agreed to direct payment first.

**This can now be saved and emailed to your vet**

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### Important Information for the attending Vet

#### Lump Claims

Each lump type that has the same diagnosis will be treated as one condition and subject to its own policy limit. Therefore you will need to split any claims where multiple lumps have been treated.

**Histological/cytological diagnosis.** Each lump with a different pathological diagnosis is treated as a separate condition and any future lumps with the same diagnosis will be a continuation of that claim.

**Lipoma** – If the vet believes this to be the diagnosis, no histology or cytology is required.

**Any lumps other than lipomas** that have not been diagnosed by histology or cytology are treated as one condition as an undiagnosed lump. Any future lumps that are not diagnosed will be classed as a continuation of that claim.

### Pet Registration (please note incomplete sections may delay the claim)

When was the pet registered with your practice? \_\_\_\_\_

If you are a referral or out of hours practice and not the policyholder's usual vet, please provide details of the pet's regular vet: \_\_\_\_\_

### Details of Condition(s)

(please provide a copy of the full clinical history and any other vets history)

Please provide a **detailed** description of the condition(s) and previous similar conditions.

(If unknown, please describe the signs and symptoms.)

If you are submitting a claim for lumps please state each diagnosis separately.

#### Condition 1:

When did the condition first start? \_\_\_\_\_

Description of condition: \_\_\_\_\_

Is this a new or continuation claim? \_\_\_\_\_

If this is a new claim, has the pet had this or any similar problems before? \_\_\_\_\_

Will the pet require further treatment for this condition? Yes  No

#### Condition 2:

When did the condition first start? \_\_\_\_\_

Description of condition: \_\_\_\_\_

Is this a new or continuation claim? \_\_\_\_\_

If this is a new claim, has the pet had this or any similar problems before? \_\_\_\_\_

Will the pet require further treatment for this condition? Yes  No

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### Claim Costs – Please attach all invoices & full clinical history

Please provide the treatment dates and costs for this claim.

(If the customer is claiming for more than one type of lump please detail each one separately)

#### Condition 1:

Treatment date: \_\_\_\_\_

Costs (£): \_\_\_\_\_

#### Condition 2:

Treatment date: \_\_\_\_\_

Costs (£): \_\_\_\_\_

### Ongoing Treatment

#### Condition 1:

Yes  No

#### Condition 2:

Yes  No

### Vet's Declaration

I certify that the details above are accurate and complete and that the fees charged are reasonable and necessary and are the usual fees charged by this practice.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

If sending back via email, this section does not need completing, just tell us who to make the cheque payable to.

### Now send this back to us

[petclaimreturn@ukpartnerships.com](mailto:petclaimreturn@ukpartnerships.com)

or: **Pet Claims**

**Leeds Processing Centre,**

**42 The Headrow,**

**Leeds, LS1 8HZ**

