



Make a claim in 3 easy steps

STEP 1: Fill in your and your pet's information and sign the claim form.

STEP 2: Take the claim form to your Vet and ask them to fully complete Part 2 and sign the form.

STEP 3: Attach the original detailed itemised invoices, payment receipts and, if this is your first claim, the full vet history of your pet* to the completed Claim form. Ensure your Vet includes their practice details on the original invoice. Mail it to us at:

Bow Wow Meow Pet Health Insurance, Locked Bag 9021, Castle Hill 1765 NSW

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.
- GST: If you are registered for GST and are entitled to a GST input Tax Credit (ITC) on your premium, please complete the following: ITC percentage _____% ABN _____
By leaving these details blank you confirm that no entitlement to a GST ITC exists.

Claim Checklist

Prior to sending in your claim have you:

- | | |
|---|---|
| <input type="checkbox"/> Completed the Claim Form? | <input type="checkbox"/> Attached the original itemised invoice? |
| <input type="checkbox"/> Checked your Vet has signed this form? | <input type="checkbox"/> Attached a veterinary history if this is your first claim*
(Medical records from previous veterinary visits)? |

*Please note: all claims should be submitted and received within **90 days** of treatment*

Our Claims Department is available between 8am and 5pm Monday - Friday (EST) on 1800 668 502

*The full vet history is not necessary for Routine Care claims as that term is defined in your policy booklet. 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.



Mail completed form to:

Bow Wow Meow Pet Health Insurance
Locked Bag 9021, Castle Hill 1765 NSW

Please do not staple documents

Veterinary Fee Claim Form

Claims must be submitted and received in writing with the original itemised invoice and receipts for payment in full within **90 days** of incurred veterinary expenses. Faxed claims will not be accepted.

For any queries, contact our Claims Department on 1800 668 502 between 8am and 5pm Monday - Friday (EST).



Part 1: To be completed by the Pet Owner/Policy Holder

Pet Insurance Policy Number: _____ Policy Holder's Name: _____

Address: _____ Postcode: _____ State: _____

Home phone: _____ Work phone: _____ Email: _____

Pet's Name: _____ Pet's Age/DOB: _____ Dog Cat Male Female

Breed: _____ Colour: _____ Desexed: Yes No

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

Note: If this is your pet's first claim please attach a complete veterinary history from both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it.

How long has this pet been a client of your clinic? Less than 6 months More than 6 months

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 radiology and or pathology reports if applicable)

Date of last vaccination/booster: _____ Type of vaccination: _____

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 accounts(s) submitted with this claim have been paid in full 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: _____

Signature of Veterinarian: _____ Date: _____

Name of attending Veterinarian (Please print): _____

Vet Registration Number: _____ Registration State: _____