

# Veterinary fee claim form

Claims must be submitted in writing together with the original itemised invoice(s), receipts for payment and relevant veterinary notes. Please mail completed claim form to Pet Insurance distributed by CBA – Claims Department, Locked Bag 9021, Castle Hill NSW 1765.

#### Note:

- Please attach all relevant invoices and clinical records 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 will contact you for this information.
- If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it. If you do not provide this information as requested, there may be a delay in assessing your claim.
- · Faxed claims will not be accepted.
- Please use a black pen and print in CAPITALS.
- If you have any questions about your claim please call 1300 913 575 between 8.00am 8.00pm (AET) Monday to Friday.

1. To be	e completed by the Policyhold	er	
Policy Num	ber		
Policy Own	ner's Details	Address	
First name			
Surname		Suburb	
Title	Phone (including area code)	State	Postcode
Pet's Detai	ils		
Pet's name		Date of birth	Dog Desexed Yes No
Breed		Colour	Cat Gender



2. Record of veterinary	services			
Please ask your vet to comple	ete in order to ensure	efficient processing	of your clain	٦.
		Dates of first sig		
Type and cause of injury or	Treatment date	symptoms (inclues previous related		Total charges
condition/diagnosis	Treatment date	s previous related	conditions)	Total Charges
	/ /			
	/ /			
Please attach radiology and/o	or pathology reports a	nd consultation note	es where apr	olicable
When was the pet registered		Date of last vaccina		
Type of vaccination	,			
Have you supplied any releva	nt vet consultation no	tes? Yes	No	
Notes				
3. Declaration				
3. Declaration				
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#### 4. Make a claim in three easy steps

### Step 1

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

#### Step 2

Take the form to your vet, and ask your vet to fully complete section 2 and sign the form in section 3.

#### Step 3

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 to the address below:

Pet Insurance distributed by CBA – Claims Department, Locked Bag 9021, Castle Hill, NSW 1765

#### How your claim is assessed

Once all necessary documentation is received, your claim will be processed. In many cases your claim can be processed directly without a full veterinary history being required. However, in some cases, additional veterinary records may be requested to assist in understanding an 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 need to nominate a bank account to receive claim benefits. Following the payment of your claim you will also receive a statement confirming payment.

5.	Cla	im	ch	ec	K	ist	

You have attached any relevant vet consultation notes
You have completed the claim form
You have attached the original itemised invoices and receipts
You and your vet have signed this form
You have attached an adoption certificate if your pet is an adopted or rescued pet (if not previously supplied to us)

### 6. Need more claim forms?

You can access copies of this form online at https://www.commbank.com.au/insurance/brochures-forms or by calling 1300 913 575.

If you have any questions about your claim, please call 1300 913 575, 8.00am – 8.00pm (AET) Monday to Friday.

**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 completed claim form to:

Pet Insurance distributed by CBA - Claims Department, Locked Bag 9021, Castle Hill NSW 1765.

Pet Insurance policies are issued by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 and promoted and distributed by Commonwealth Bank of Australia ABN 48 123 123 124, AFSL 234945 (CBA).

PRIVACY NOTICE: In this Privacy Notice, 'we', 'us' or 'our' refers to PetSure (Australia) Pty Ltd ABN 95 075 949 923. 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. 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 https://www.commbank.com.au/insurance/brochures-forms



