

Claim Form for Veterinary Fees



New Condition

Continuation Condition

Complete the claim form using a black pen and block capitals (missing information will delay your claim). If you are making a **CONTINUATION CLAIM**, you need only complete the boxes marked with an 'A'. Settlement payments are made electronically. Please ensure you provide your email address if you require confirmation of payment. Completed forms should be posted to: **Buddies Claims, PO Box 1340, Peterborough PE2 2QB** or emailed to **admin@buddies.co.uk**.

1. Policyholder to complete

GENERAL INFORMATION

A

Please confirm your:

POLICY REFERENCE NUMBER

EMAIL ADDRESS

Important note: All claim settlement correspondence is sent via email.

Surname

House No/Postcode

Pet's name

Pet's date of birth

Has your pet previously been registered with another vet practice? If yes, please provide the details below:

Practice name

Address

2. Policyholder to complete

DETAILS OF YOUR PET'S ILLNESS/INJURY

Please give the date that you first noticed your pet was unwell — this may well be before you contacted your veterinary practice.

Your claim may be delayed if we do not have this information.

Condition description:

Date you noticed your pet was unwell

/ /

Did the illness or injury result in the death of your pet?

Yes

No

Date of death

/ /

3. Policyholder to complete

PAYEE DETAILS

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

PLEASE COMPLETE ONE OF THE FOLLOWING Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

Signed

Date

A. Pay the policy holder electronically - please tick

A

This payment will be made to the bank account from which your premium is collected. If you would prefer the payment to be made to another account, please provide the following details:

Account name

Sort code

Account number

Payments can also be made by cheque, please tick the box if this is your preferred form of settlement

B. Pay the vet direct - please tick

A

I have checked with the vet and would like this claim paid directly to them

Please sign here

Print name

Date

/ /

IMPORTANT NOTES

- Please include all required documentation, including original invoices
- If the claim is being faxed, please retain all the original copies of the claim form and receipts
- Please use a separate claim form for each claim

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM

Buddies Enterprises Limited, Oak House, 7 Medicott Close, Oakley Hay, Corby, Northamptonshire NN18 9NF (company number 4013396). Buddies Enterprises Limited is authorised and regulated by the Financial Conduct Authority (registration number 514428).

ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

4. Vet to complete

When was this pet first registered at your practice? / /

If this pet has been referred please give the name, address and telephone number of the practice which referred it

Name _____

Address _____

Telephone no _____

In connection with treatment claimed did you:

Make a **house visit**? Yes No

Or provide **out of hours treatment**? Yes No

If Yes, why was the house visit/out of hours treatment necessary?

Is any part of this claim for a condition the pet can be vaccinated against? Yes No

If Yes, were the pet's **vaccinations** up to date at time of treatment?
Yes Please give date of last vaccination / / No Don't know

Is any part of this claim for **dental treatment**? Yes No

If Yes, was this caused by an injury?

If the claim involves physiotherapy, osteopathy, hydrotherapy or chiropractic manipulation, how many sessions did you recommend? No. of sessions _____

5. Vet to complete

Name of the illness or injury (if no diagnosis has been made please give clinical signs) **A**

Is this condition a continuation? Yes No

Treatment dates: from / / to / /

Did **death or euthanasia** result from this illness or injury? Yes No

Date of death / /

If the pet was put to sleep, did you recommend this? Yes No

When did this illness or injury begin? / /
(as noted on your records)

To your knowledge has this pet been seen before for:
This illness or injury? Yes No

Any similar or related illness or injury? Yes No

Any similar or related clinical sign(s)? Yes No

If Yes, please provide the history with dates

Date / /

Date / /

Date / /

Total amount claimed (inc VAT) £ - **A**

PLEASE ENCLOSE FULL INVOICES TO SUPPORT THIS CLAIM

6. Vet to complete

This practice accepts electronic payment paid direct Yes No

I confirm that I am authorised to provide the vet practice account details below and that the information on this claim form is correct to the best of my knowledge

Account name _____

Sort code [] [] [] [] [] []

Account number [] [] [] [] [] [] [] [] [] [] [] []

Name _____

Signature _____

Date / /

Vet stamp

A