

Your guide to completing a claim form for policyholders

Sainsbury's Bank

If the claim is for a new condition, please complete ALL sections and fields and provide the pet's FULL clinical history. For a continuation claim (where you have already submitted a form for earlier treatment of the same condition), you only need to complete the shaded boxes marked with a C.

2 Have you entered your contact details? Phone and email are quicker than post if we need to get in touch.

4 Make sure you tell us the details of your pet's illness or injury and the exact date it was first noticed. Without this information your claim may be delayed.

5 So that we have a complete picture of your pet's history, please let us have the details of any other veterinary practice where your pet has been registered.

6 Don't forget to choose one payment option, and to sign and date this section. Without this we cannot process your claim payment.

3 Complete your pet's details.

1 Remember to enter your policy number. Without this we cannot process your claim.

Vet Fees Claim Form

Please complete using a black pen and block capitals.
If you are submitting a continuation claim, only complete the shaded boxes marked with a C

1. Policyholder to complete

Policyholder's Name _____

Home Address _____

Postcode _____

Home Tel Number _____

Mobile Tel Number _____

Email Address _____

2. Policyholder to complete

What illness, injury or behavioural disorder are you claiming the cost of treatment for?
Condition 1 _____ Condition 2 (If relevant) _____

When did you first notice your pet was injured, unwell or acting strangely?
Condition 1 _____ Condition 2 (If relevant) _____

3. Policyholder to complete

Please tell us the vet(s) where your pet has been registered previously to your current vet

Practice name _____ Address _____ Post Code _____ Tel. No. _____ Date last registered _____

Practice name _____ Address _____ Post Code _____ Tel. No. _____ Date last registered _____

Practice name _____ Address _____ Post Code _____ Tel. No. _____ Date last registered _____

Payee Details
By signing this form I authorise Sainsbury's Bank to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Sainsbury's Bank 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. I understand that if the information is not true, accurate or complete my claim may not be paid and my insurance may be cancelled or void.

Please tell us who to pay and sign the box below to confirm you agree with this declaration.

Please pay me Please pay vet

Date _____

4. Policyholder to complete

Purchase price or value of your pet
(If you do not have a purchase receipt, we will consider your claim in line with your policy wording)

Amount paid £ _____

Important Notes:

- Please include all required documentation, including original invoices and, if this is the first claim, a full clinical history
- 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 pet
- Please send completed claim forms including copies of all receipts to Sainsbury's Pet Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Your guide to completing a claim form for veterinary staff

Sainsbury's Bank

If the claim is for a new condition, please complete ALL sections and fields and provide the pet's FULL clinical history. For a continuation claim (where the client has already submitted a form for earlier treatment of the same condition), you only need to complete the shaded boxes marked with a C.

1 Complete the date the pet was first registered at your practice. The claim may be delayed if left blank.

2 If relevant, please give details of the practice that referred the case to you. This will prevent confusion and delay.

5 You must always complete details about the pet's condition, including the name of the illness or injury and the date the illness or injury first began.

6 Attach a detailed invoice from your practice. Number each condition so we can see which treatment relates to which condition. Please do not use highlighter pens as they will not show up on copied documents.

8 Complete all details in full. Email is quicker than post if we need to get in touch.

4 Don't forget to complete the questions on crystals if the claim is for urinary problems.

3 For all dental claims, please ensure you include the full dental history.

Ask Your Vet To Complete These Three Sections

5. Vet to complete

General information

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? _____

6. Vet to complete

Condition 1 **About the illness or injury**

What is the illness or injury and the area of the body affected or the behavioural disorder?
Is this condition a continuation? D M Y to D M Y Yes No
Did death or euthanasia result from this illness or injury? D M Y Yes No
Date of death _____
If the pet was put to sleep, did you recommend this? Yes No
How long before you first saw the pet for this illness or injury did the owner say the pet was showing clinical signs? D M Y Number of days D
To your knowledge has this pet been seen before for: _____
This illness or injury? Yes No
Any similar or related illness or injury or behavioural disorder? Yes No
Any similar or related clinical sign(s) or any related clinical signs anywhere in or on its body before? Yes No
If Yes, please provide the history with dates
Date _____ D M Y
Date _____ D M Y
Total amount claimed (inc VAT) £ - C
Please enclose full invoices to support this claim

7. Vet to complete

Declaration by the veterinary surgeon
By signing this form I declare to the best of my knowledge that all the information I have given is correct and accurate and the fees I have charged are no more than the fees I normally charge all my clients.
Veterinary surgeon's signature _____ Date D M Y **Vet stamp**
Practice No. _____ Email address _____

Incomplete claim forms will be returned to the policyholder and this will delay their claim

If you are submitting a continuation claim, only complete the shaded boxes marked with a **C**

If treatment includes prescription food, please state the condition the food was prescribed for and the cost of the food.
£ _____

If any part of this claim for dental treatment? Yes No
If Yes, you must enclose a full clinical history over the last 2 years. If this is not attached this will delay the client's claim.
Is any part of this claim for treatment of a urinary problem? Yes No
If Yes, were crystals/stones present? Yes No
If Yes, are the crystals/stones Oxalate? Yes No
If other, please specify _____
Please give dates of: 1st positive test for crystals Date D M Y 1st negative test for crystals Date D M Y

Please attach a full clinical history if this is the first claim submitted for this pet.

Final check; have you...

Completed ALL sections and fields, including the yellow shaded boxes marked C if the claim is for a new condition?

Completed ALL yellow shaded boxes marked C if the claim is a continuation?

Enclosed original invoices to support the claim, plus a FULL clinical history?

Signed, dated and stamped the form with your practice stamp?

Please note, if you are both the policyholder and veterinary staff then another member of the practice should complete sections 5, 6 and 7.

7 Always sign, date and stamp the form – we cannot process unsigned or unstamped forms.