

PET INSURANCE CLAIM FORM

CLAIMS HELPLINE: 0800 980 8750
mandspet.claims@uk.rsagroup.com

To be completed and returned to: **M&S Pet Insurance, Freepost RSKZ-LTHJ-TZEG, PO Box 1361, Peterborough, PE2 2QX** or for a quicker way of submitting your claim to us, please email a scanned copy to **mandspet.claims@uk.rsagroup.com**

A ABOUT YOU (THE POLICYHOLDER)

NAME, ADDRESS AND POSTCODE

If your name or address has changed, please tick
 (Please note that changes to your address may affect your premium)

CONTACT DETAILS

Daytime tel

Mobile tel

Email

B ABOUT YOUR PET

Your pet's name

Cat Dog Male Female

Pet's date of birth

Breed

Your pet's microchip number:

How long have you owned your pet?

POLICY NUMBER

IMPORTANT INFORMATION-PLEASE READ

Is this claim for a:

New Condition
Please complete all sections

Continuation Condition
Please complete sections A, B & E

If this claim is for a new condition please ensure that the pet's full medical history from all the vets that your pet has been registered with is submitted with the claim form.

If this claim is for a continuation condition then please ensure that the medical history since the last claimed date of treatment is submitted with the claim form.

PLEASE NOTE THAT IF ANY SECTION OF THE CLAIM FORM IS NOT FILLED IN, OR THE SUPPORTING INFORMATION IS NOT SUBMITTED, THIS WILL DELAY YOUR CLAIM.

If you are claiming for continuation treatment you must submit claims every 3-6 months. Therefore, in order to save paper, you do not need to submit a claim for every visit to your vet but you can batch the invoices up.

Your policy does not cover:

Any changes that you or your vet noticed in your pet's health or behaviour before the policy started or any condition that arose from those changes

Any condition that started within the first 14 days after the policy start date

C ABOUT YOUR PET'S CONDITION

Please tell us when you noticed your pet was unwell or injured. If your pet has had the same or similar changes in health we require the first date.

A description of the changes to your pet's health that you noted.

Did you contact our 24 hour vetfone service for advice on your pet's condition before seeing your vet? Please call **0800 9805583** if required in the future.

Was your pet under your care at the time of the illness/injury/incident?

If no, please provide the name and address of any authorised third party looking after your pet at the time of the incident

If your pet's claim is for an injury, do you believe that another person was at fault? If so, please provide details separately Yes No

CONDITION 1

Time and date

Yes No Date

Yes No

CONDITION 2

Time and date

Yes No Date

Yes No

D YOUR PREVIOUS VETERINARY PRACTICES (Please tell us all vet(s) where your pet was previously registered)

Vet name
Address
Postcode
Phone number
Date: from to

Vet name
Address
Postcode
Phone number
Date: from to

Please tell us your address at that time, if it was different to the address in Section A.
Postcode

E YOUR SIGNATURE, WHO TO PAY AND DATA PROTECTION NOTICE Please complete boxes a, b & c to tell us who to pay

I declare, to the best of my knowledge and belief, that all the information provided in this form is true and complete. I agree that M&S Pet Insurance may seek any information it requires from any vet. I accept that the information provided may be released to other companies who provide a service to M&S Pet Insurance in connection with managing and handling claims.

a Who would you like us to pay
<input type="checkbox"/> Policyholder <input type="checkbox"/> Joint policyholder
<input type="checkbox"/> Vet/Organisation
There is no guarantee that we will pay your vet direct.
Please confirm with your vet that they can deal directly with M&S Insurance.
Payee name

b How would you like to be paid
If you pay your premium by Direct Debit, we will pay any settlement into that account by electronic transfer.
If you would like to opt out of this and receive a cheque payment, please tick below.
<input type="checkbox"/> Cheque - For joint policy holder, vet or to opt out of electronic payment.

c Your signature
<input type="checkbox"/> Policyholder
<input type="checkbox"/> Joint policyholder
Signature:
Date:

Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet. Electronic payment option is only available if payment is to be made to the policyholder and you pay your premium by direct debit.

IF ANY REQUIRED INFORMATION IS NOT RECEIVED THEN THERE WILL BE A DELAY TO YOUR CLAIM.

If the condition being claimed for is new please complete all sections and provide a full medical history for the pet.
If the condition is ongoing please complete the sections with the grey box and enclose the medical history since the last claimed date of treatment.

F THE VET MUST FILL IN THIS SECTION ABOUT EACH CONDITION

Please advise when the pet was registered at your practice

If a house call was made, you must confirm below why it was absolutely essential.

If this pet was referred to you, please advise the name and address of the registered vet who referred the pet, and submit the referral letter/report with this claim.

Post code

If the pet was seen out of hours please confirm why this was and whether the treatment could have waited until normal surgery hours.

If any part of this claim is for dental treatment please tell us the date prior to the claimed problem being noted that the pet had its teeth checked, and if treatment was recommended at this check up was this carried out?

Treatment recommended Yes No
 Treatment was carried out Yes No

Condition 1
 What is the diagnosis of the condition (if no diagnosis has been made please provide the main clinical signs).

Condition 2

Please tell us the treatment dates for this claim

From To

Is this claim for a continuation of treatment? Yes No

Yes No

If yes, please advise the previous dates of treatment.

From To

Did the condition being claimed for result in the death or euthanasia of the pet? Yes No

Date of death

The body condition score for the pet. Scale 1-5 (tick to complete)
 Scale 1-9 (tick to complete)

Body Score

If this claim is for a cruciate rupture, is this solely the result of a trauma or is there any breed predisposition, underlying disease or conformational issue?

Please tell us the date that the clinical signs were first noticed (as noted on your clinical records).

Has this pet had this condition or clinical signs before, or any related condition or clinical signs before? Yes No

Yes No

(If 'Yes' we will need the medical history to show the dates and full details)

Condition 1
 Please advise the cost of treatment incl. VAT

Condition 2

G THE ATTENDING VET OR A PERSON AUTHORISED BY THE VET MUST FILL IN AND SIGN THIS SECTION

I declare, to the best of my knowledge and belief, that all information provided in this claim form is true and complete.
 The fees I have charged are no more than the fees I would normally charge my clients.

Name: Position in the Practice:

Email Address:

Signature:

Date:

Practice stamp

Postcode:

IMPORTANT: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. The costs must be clearly apportioned between each condition being claimed for. Please do not use highlighter pen to apportion costs.

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