

PET INSURANCE VETERINARY FEE CLAIM

Claims can be made by completing this form and sending it to HCF Pet Insurance, Locked Bag 9021, Castle Hill, NSW, 1765 together with original itemised invoice and receipts for payment for veterinary expenses incurred, unless otherwise stated in the policy document. Please use a black pen and print in CAPITALS. Alternatively, you can submit claims online through a secure pet portal at portal.petsure.com.au/hcf/login.

Note: Please attach all relevant itemised tax invoice(s), payment receipt(s) and applicable consultation notes 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.

Complete and mail to:
HCF Pet Insurance
Locked Bag 9021,
Castle Hill, NSW 1765

1 YOUR POLICYHOLDER DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

HCF Pet Insurance policy number Pet's name

Dog Cat Male Female Desexed? Yes No

Pet's age Pet's date of birth Colour Breed

Policyholder
 First name Surname

Home address

Suburb State Postcode

Phone - home Phone - work Mobile

Email @

Please tick here if there has been a change of address

2 RECORD OF VETERINARY SERVICES (PLEASE ASK YOUR VET TO COMPLETE IN ORDER TO ENSURE EFFICIENT PROCESSING OF YOUR CLAIM)

TYPE AND CAUSE OF INJURY OR CONDITION/DIAGNOSIS	DATE OF TREATMENT	DATES OF FIRST SIGNS OR SYMPTOMS (INCLUDE DATES OF PREVIOUS RELATED OR SIMILAR CONDITIONS)	TOTAL CHARGE
	/ /		
	/ /		
	/ /		
	/ /		

VETERINARIAN'S NOTES (CASE SUMMARY): (Please attach veterinary history, radiology and/or pathology reports where applicable)

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

Date of last vaccination/booster (DD MM YYYY) Type of vaccination

3 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 veterinary services as detailed in the account(s) submitted with this claim have been provided' and I/We understand that the policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise my/our 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. I/We consent to HCF, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to HCF, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to HCF, PetSure or Hollard and also to give this consent on both my and their behalf.

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to HCF, PetSure and Hollard. 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. Information about how PetSure manages personal information is contained in the PetSure Privacy Policy petsure.com.au/privacy-policy. Information about how HCF manages personal information is contained in the HCF Privacy Policy. hcf.com.au/about-us/about-HCF/governance-and-structure/policies/privacy-policy. Information about how Hollard manages personal information is contained in the Hollard Privacy Policy hollard.com.au/privacy-policy. 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 hcf.com.au/insurance/pet

Signature of policy holder

X

Date (DD MM YYYY)

Signature of veterinarian

X

Date (DD MM YYYY)

Name of attending veterinarian and practice details: (Please print)

Vet registration number

Registration state

4 MAKE A CLAIM IN 3 EASY STEPS

STEP 1

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

STEP 2

Take the form to your veterinarian, and have your veterinarian complete the applicable sections. Ensure your veterinarian includes his/her practice details on the attached original/copies of invoice.

STEP 3

Attach original detailed itemised invoices and payment receipts to the completed HCF Veterinary Fee claim form and mail to:

HCF Pet Insurance
Locked Bag 9021,
Castle Hill NSW 1765

If you need another claim form you can obtain one by visiting hcf.com.au/petinsurance or by calling HCF Pet Insurance on **1800 630 681** between 8:00am-8:00pm (AET) Monday-Friday.

5 HOW YOUR CLAIM IS ASSESSED

Once the necessary documentation is received, your claim will be processed. 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.

6 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, or 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 letter/remittance statement.

7 CLAIM CHECKLIST

Prior to sending in your claim, make sure you've completed the following requirements:

- | | |
|---|---|
| <input type="checkbox"/> You have completed all details in this form. | <input type="checkbox"/> You have attached the original itemised invoice and receipts. Please retain copies for your records. |
| <input type="checkbox"/> You and your veterinarian have signed this form. | <input type="checkbox"/> You have attached any relevant vet consultation notes. |

8 CLAIM QUERIES

Our customer service team is available between 8:00am and 8:00pm (AET) Monday-Friday.

Telephone: **1800 630 681**

Email: petinsurance@hcf.com.au

Disclaimer: It's a criminal act to intentionally 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 this completed form, with all accompanying documentation, to **HCF Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765**.

For assistance with the completion of this form, please call **1800 630 681** between 8:00am and 8:00pm (AET) Monday-Friday.

HCF Pet Insurance policies are administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 and promoted and distributed by The Hospitals Contribution Fund of Australia Ltd ABN 68 000 026 746, AFSL 241414. Please see your Certificate of Insurance to identify the issuer of your policy. Any advice provided is general only and does not take into account your individual objectives, financial situation or needs. Please consider the Product Disclosure Statement (PDS) to ensure this product meets your needs before purchasing. PDS and Target Market Determination available at hcf.com.au/pet