Make a claim in 3 easy steps

1 Fill in your and your pet's information (Part 1) and sign the claim form.

2 Take the claim form to your vet and ask them to fully complete Part 2 and sign the form.

3 Attach the original detailed itemised invoices, payment receipts and veterinary notes to the completed claim form. Ensure your vet includes their practice details on the original invoice. You can mail it to us at: Bow Wow Meow Pet Insurance, Locked Bag 9021, Castle Hill 1765 NSW.
Did you know? You can also upload your claims to our Pet Portal: **https://petportal.bowwowinsurance.com.au/**

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 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.

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, when available, where our GapOnly® claim system is used by your vet to submit your claim, we will provide payment of your claim directly to your vet.

- If you have elected to pay your premiums by credit card you will need to nominate a bank account to receive claim benefits.

Claim Checklist

Prior to sending in your claim have you:

☐ Completed the Claim Form? ☐ Attached the original itemised invoices, payment receipts and vet notes?

☐ Checked your vet has signed this form?

Our Claims Department is available on 1800 668 502 between 8am and 5pm (AEST) Monday - Friday (except public holidays)

BWM CF Oct 21

Mail completed form to:
Bow Wow Meow Pet Insurance
Locked Bag 9021, Castle Hill 1765 NSW
Please do not staple documents

Veterinary Fee Claim Form

Claims must be submitted in writing with the original itemised invoice(s), payment receipts and veterinary notes for the vet treatment being provided. Faxed claims will not be accepted. For any queries, contact our Claims Department on 1800 668 502 between 8am and 5pm (AEST) Monday - Friday (except public holidays).

Part 1: To be completed by the Pet Owner/Policy Holder

Pet Insurance Policy Number:_____ Policyholder's Name:_____

Address:_____ Postcode:_____ State:_____

Home phone:_____ Work phone:_____ Email:_____

Pet's Name:_____ Pet's Age/DOB:_____ ☐ Dog ☐ Cat ☐ Male ☐ Female

Breed:_____ Colour:_____ Desexed: ☐ Yes ☐ No

☐ Please tick if there has been a change of address or contact details

Part 2: To be completed by the Vet to ensure efficient processing of your claim

Note: 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.

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

Type and cause of injury or Condition/Diagnosis	Date of Treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	TOTAL CHARGE

Veterinarian's Notes: (Case summary - please attach radiology and or pathology reports if applicable)

_____

_____

Date of last vaccination/booster: _____ Type of vaccination: _____

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 the accounts(s) submitted with this claim have been paid in full and I/We understand that the information provided will be assessed in accordance wih the cover selected and benefits payable by the policy. I/We authorise any 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 Bow Wow Meow, PetSure and/or The Hollard Insurance Company ABN 78 090 584 473 (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 Bow Wow Meow, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Bow Wow Meow, PetSure or Hollard and also to give this consent on both my and their behalf.

Pet Owner's signature:_____ Date: _____/_____/_____

Veterinarian's signature:_____ Veterinarian's name:_____ Date: _____/_____/_____

Vet Registration Number: └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘ Registration State: └─┴─┴─┘

BWM CF Oct 21