

CLAIM FORM

To be completed and returned to: **MORE TH>N**, Freepost RSKZ-LZSG-KSXB, PO Box 1362, Peterborough PE2 2QY
or for a quicker way of submitting your claim to us please email a scanned copy to petclaims@morethan.com

A ABOUT YOU (the policyholder)

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

Your name, address and postcode

Daytime tel

Mobile tel

Email

If you provide us with your mobile number and email address, we can let you know we have received your claim form.

Policy number (Must be completed)

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 of 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 applicable since the date of treatment of the last claim 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 conditions that arise from those changes
- Any accident that happened within the first 48 hours after the policy start date
- Any condition that started within the first 14 days after the policy start date
- For a full explanation of what your policy does and does not cover please refer to your Policy Booklet

B ABOUT YOUR PET

Your pet's name

* If you have more than one pet insured with us, please ensure you enter the correct pet's name and only one claim form per pet.

Cat

Dog

Male

Female

Breed

Date of birth

Your pet's microchip number:

How long have you owned your pet?

C ABOUT YOUR PET'S CONDITION

Please tell us when you first 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 0728190** 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 claim is for an injury, do you believe that another person was at fault? If so, please provide details separately.

CONDITION 1

Time & Date

Yes No

Date

Yes No

CONDITION 2

Time & Date

Yes No

Date

Yes No

Yes No

D YOUR PREVIOUS VETERINARY PRACTICES (please tell us the vet(s) details where your pet was previously registered)

Practice name
Address
Postcode
Phone number
Date: from to

Practice name
Address
Postcode
Phone number
Date: from to

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

E YOUR SIGNATURE, WHO TO PAY AND DATA PROTECTION NOTICE (please complete boxes a, b & c below 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 **MORE TH>N** 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 **MORE TH>N** Pet Insurance in connection with managing and handling claims.

a Who would you like us to pay:

- Policyholder**
 Joint policyholder
 Vet/Organisation

There is no guarantee that we will pay your vet direct. Please confirm with your vet that they can deal directly with **MORE TH>N**.

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.

We will default to this payment method where we have not been advised who you would like us to pay.

- Request Cheque - For joint policy holder, vet or to opt out of electronic payment.

c Your signature:

- Policyholder**
 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 if you pay your premium by direct debit.

IF ANY 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 enclose a full medical history for the pet.
If the condition is ongoing please complete the sections with 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 the date this pet was registered at your practice.

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

Postcode

Please advise if you are a member of RSA Preferred referral network Yes No

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?

Date Treatment recommended Yes No
Treatment was carried out Yes No

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

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

What is the diagnosis of the condition (If no diagnosis has been made please provide the clinical signs)

CONDITION 1

Please tell us the treatment dates for this claim From To

Is this claim for a continuation of treatment? 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

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

Scale (1-9) (tick to complete)

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). Date

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

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

Please advise the cost of treatment incl. VAT **CONDITION 1**

CONDITION 2

From To

Yes No

From To

Date of death

Body Score

Date

Yes No

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:

Please note that the Veterinary Surgeon does not have to be an appointed representative of MORE TH>N Pet Insurance in order to fill in this section of the claim form for you because it is not a regulated activity under FCA regulations.

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.

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

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