



# Direct Insurance Claims - Client Form

Name:

If you wish for us to directly deal with your insurance company for your pet's treatment, please complete this form and return it to us, along with a copy of your pet's current insurance policy, stating the policy inception date. This information can be brought into the branch at the time of your pet's treatment.

- I Understand, I need to contact my pet's insurance company, to give them consent to speak to Willows Veterinary Group, should they need to (this is not applicable if your pet is insured with Pet Plan).
- I understand, I must find out how my insurance company accepts claims (online claim/link claim/paper claim form).
- I understand, that for my pet's claim to be processed, I am required to pay my excess and any co-payment percentage at my first appointment.
- I accept, it is my responsibility to know, and fully understand the terms and conditions of my pet's insurance policy.
- I agree to pay an initial administration fee of £25 for my first claim, per condition, per year, and £5.20 for each subsequent direct claim, per condition.
- I accept that if my pet's insurance company rejects my claim, I am liable to settle the outstanding invoices with Willows Veterinary Group.
- I understand, if my pet's insurance company doesn't settle my claim within 2 calendar months of the claim being submitted, I am responsible for settling my account, and I will need to deal with the insurance company directly for reimbursement.
- I understand, it is my responsibility to ensure that my pet's insurance company settles my claim within the 2 month time frame.
- I understand, that any subsequent fees I have requested to be claimed for directly will be claimed within 2 months of my pet's treatment, or when the balance of the treatment exceeds £300 (whichever comes first).

Name of policy holder:

Address of policy  
holder:

Contact number:

Pet name

Insurance company:

Policy number:

## Declaration

I confirm that I have a valid insurance policy, for my pet, as per the details above and I wish to use this policy as my method of payment for my pet's treatment at this branch of the Willows Veterinary Group. I accept there will be a £25 admin charge for the first claim, per condition, per year, that Willows Vet Group make on my behalf, and £5.20 for each subsequent claim.

Should my pet's insurance claim be unsuccessful, I accept full responsibility for payment of my pet's treatment to Willows Vet Group, and that I have the means to settle any outstanding invoices.

If my pet's insurance company does not settle the claim within 2 calendar months of the claim being submitted, I accept the responsibility of settling any outstanding payment on my account and agree to deal directly with my insurance company for reimbursement. I accept it is my responsibility to ensure that my insurance company settles within this time.

I give permission for Willows Veterinary Group to discuss all aspects of my policy (including financial details) with my insurance company.

Print Name:

Signed:

Date:

Please note, completion of this form does not entitle the bearer to a direct insurance claim. Acceptance of a Direct Insurance Claim is at the discretion of the practice.