Long-term Repeat Medication Claim Form

petprotect

This form must be completed by the policyholder or claimant when making an insurance claim for long-term repeat medication only

You do not need a completed claim form by your vet if they have diagnosed a long-term condition and you are only claiming for further doses of medication and prescription costs. Please ensure this form is submitted to Pet Protect along with, if any, your prescription charge invoice. **If you are claiming for a consultation cost including medication, please visit www.petprotect.co.uk and complete a standard claim form, which needs to be signed and stamped by a vet practice.**

**Please complete the form using the below fields and submit your completed form to:
claims@petprotect.co.uk**

Full Name of Claimant	Policy Number

Address of Claimant

Postcode:

Pet's Name

Pet's Condition

Name of Medication Claimed
Please provide an itemised invoice showing the medication name, the cost incurred, and the date

Viovet Order No.

Vet's Invoice Total for Prescription Charge
Please include an itemised invoice from your practice showing the prescription date and cost

- I declare that I am the policyholder and all the details I have given are true, accurate and complete
- I declare that this claim is for long-term repeat medication only and I have submitted a prescription
- I understand that if the information is not true, accurate or complete, my claim may not be paid and my insurance may be cancelled or void
- I give authorisation for my current and previous vets to release any information about my pet

All claims are assessed individually and any costs relating to a prescription that may be deemed unreasonable will be settled at a reduced rate.

Please sign the box below to confirm you agree with the declaration and to tell us who to pay.

Signature:		How many months supply of medication(s) is on the submitted prescription?
Print Name:		
Date (DD/MM/YYYY):		