

# Claim Form for Veterinary Fees

New Condition  Continuation Condition

Complete the claim form using a black pen and block capitals (missing information will delay your claim). If you are making a **CONTINUATION CLAIM**, you need only complete the boxes marked with an 'A'. Settlement payments are made electronically. Please ensure you provide your email address if you require confirmation of payment. Completed forms should be posted to: **Buddies Claims, Unit 44, Walkers Road, Moons Moat North, Redditch, B98 9HD** or emailed to **petclaims@landg.com**

<b>1. Policyholder to complete</b>		<b>GENERAL INFORMATION</b>		<b>A</b>					
Please confirm your:									
<b>POLICY REFERENCE NUMBER</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email address</b>					<b>Important note:</b> All claim settlement correspondence is sent via email.				
Surname			Date of birth		/	/			
Pet's name			House No/Postcode						
Pet's date of birth			/	/	Microchip number				
Has your pet previously been registered with another vet practice? If yes, please provide the details below:									
Practice name			Address						

<b>2. Policyholder to complete</b>		<b>DETAILS OF YOUR PET'S ILLNESS/INJURY</b>					
Please give the date that you first noticed your pet was unwell — this may well be before you contacted your veterinary practice.							
<b>Your claim may be delayed if we do not have this information.</b>							
Condition description:		Date you noticed your pet was unwell		/	/		
<input type="text"/>		Did the illness or injury result in the death of your pet?		Yes	<input type="radio"/>	No	<input type="radio"/>
<input type="text"/>		Date of death		/	/		
<input type="text"/>							

<b>3. Policyholder to complete</b>		<b>PAYEE DETAILS</b>	
By signing this form I authorise Buddies to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Buddies with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.			
<b>PLEASE COMPLETE ONE OF THE FOLLOWING</b> Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.			
Signed		Date	
<input type="text"/>		<input type="text"/>	

<b>A. Pay the policy holder electronically</b> - please tick <input type="radio"/>	<b>A</b>
This payment will be made to the bank account from which your premium is collected. If you would prefer the payment to be made to another account, please provide the following details:	
Account name <input type="text"/>	
Sort code	<input type="text"/>
Account number	<input type="text"/>
Payments can also be made by cheque, please tick the box if this is your preferred form of settlement <input type="checkbox"/>	

<b>B. Pay the vet direct</b> - please tick <input type="radio"/>	<b>A</b>
I have checked with the vet and would like this claim paid directly to them	
Please sign here <input type="text"/>	
Print name <input type="text"/>	
Date / / <input type="text"/>	

## IMPORTANT NOTES

- Please include all required documentation, including original invoices
- If the claim is being faxed, please retain all the original copies of the claim form and receipts
- Please use a separate claim form for each claim

**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM**

# ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

## 6. Vet to complete

When was this pet first registered at your practice? / /

If this pet has been referred please give the name, address and telephone number of the practice which referred it

Name

Address

Telephone no

In connection with treatment claimed did you:

Make a **house visit**? Yes  No

Or provide **out of hours treatment**? Yes  No

If **Yes**, why was the house visit/out of hours treatment necessary?

Is any part of this claim for a condition the pet can be vaccinated against? Yes  No

If **Yes**, were the pet's **vaccinations** up to date at time of treatment?

Yes  Please give date of last vaccination / / No  Don't know

Is any part of this claim for **dental treatment**? Yes  No

If **Yes**, was this caused by an injury?

If the claim involves physiotherapy, osteopathy, hydrotherapy or chiropractic manipulation, how many sessions did you recommend?

No. of sessions

## 7. Vet to complete

Name of the illness or injury  
(if no diagnosis has been made please give clinical signs)

A

Is this condition a continuation? Yes  No

Treatment dates: from / / to / /

Did **death or euthanasia** result from this illness or injury? Yes  No

Date of death / /

If the pet was put to sleep, did you recommend this? Yes  No

When did this illness or injury begin? / /  
(as noted on your records)

To your knowledge has this pet been seen before for:

This illness or injury? Yes  No

Any similar or related illness or injury? Yes  No

Any similar or related clinical sign(s)? Yes  No

If **Yes**, please provide the history with dates

Date / /

Date / /

Date / /

Total amount claimed (inc VAT)

£

-

A

PLEASE ENCLOSE FULL INVOICES TO SUPPORT THIS CLAIM

## 8. Vet to complete

This practice accepts electronic payment paid direct Yes  No

I confirm that I am authorised to provide the vet practice account details below and that the information on this claim form is correct to the best of my knowledge

Account name

Sort code

Account number

Name

Signature

Date / /

Vet stamp

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