

Veterinary Fee Claim Form



SecuriCAN
GENERAL INSURANCE COMPANY

1 About you and your pet (affix a label if you have one)

Policy number: _____

Pet's name: _____

Name: _____

Date of birth (mm/dd/yy): _____

Address: _____ Please check if new address

Gender: male female

Type of pet: dog cat

Breed: _____

Home phone: (____) _____ Work phone: (____) _____

Fax: (____) _____ E-mail: _____



Questions? Contact us at:
1.800.581.0580 or info@securican.ca

2 About the illness or injury (to be completed by your veterinarian)

When was the pet first registered with your practice?

mm	dd	yyyy
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If this pet was referred to you, please give the name of the referring practice: _____

List the name of each separate illness or injury (or give the clinical signs if you have not yet made a diagnosis)	Has your practice sent us a claim for this condition in the past?	Date of first clinical signs (as noted by you, the client or the pet's medical record)	First and last date of treatment being claimed for	Total fees (including taxes)
				\$
				\$
				\$

Did the pet receive any preventive or routine health procedures on these receipts? yes no

Did any illness or injury being claimed for result in the death or euthanasia of the pet? yes no

If yes, date of death:

mm	dd	yyyy
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3 Declaration of the veterinary practice (to be completed by your veterinarian)

I have checked the information on this claim, and it is correct to the best of my knowledge.

Name of attending veterinarian (please print): _____

Signature of attending veterinarian:

	mm	dd	yyyy
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Practice stamp or print practice name

4 Policyholder declaration

I understand that the fees listed may not be covered, or may exceed my plan benefits. I understand my claim may be limited to fees no greater than the amount specified by the Provincial Fee Guide. I understand that I am financially responsible to my veterinarian for the entire treatment, and confirm that treatment has been paid in full. I declare that I have fulfilled the conditions of the Document of Insurance and the Policy Terms, Conditions, and Benefit of Insurance documents. I authorize my veterinarian to release all medical histories to Petplan and to confirm any details as required, and for Petplan to advise my veterinarian of my chosen plan.

Signature of policyholder:

	mm	dd	yyyy
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- ### Checklist
- Have you:**
- Completed sections 1 & 4
 - Signed this form
 - Attached detailed receipts
- Has your veterinarian:**
- Completed sections 2 & 3
 - Signed this form

Internal use only

Client number:

Plan:

Checklist number:

Date received:

Simple Steps to an Easy Claims Process

1. Take your pet to any licensed veterinarian for diagnosis and treatment.
2. Pay your veterinary bill in full, and have your vet complete sections 2 and 3 of this claim form.
3. Fill out sections 1 and 4 of this claim form. Remember to sign your form!
4. Attach your detailed receipt(s) or original invoice to the claim form. Be sure to keep a copy for your own records.
5. Mail your completed claim form and receipts to:

SecuriCan General Insurance Company
200 - 1200 Portage Avenue
Winnipeg, MB R3G 0T5

6. Watch for your cheque in the mail - we process complete claims in an average of 5 business days.

Call us at 1.800.581.0580 or e-mail us at info@securican.ca if you have any questions about your claim.

Important notes:

- Please retain a copy of your complete claim form and receipts for your records.
- Please include copies of all receipts or invoices.
- Please use one claim form per pet.
- Issuance or completion of this form does not acknowledge liability on behalf of SecuriCan.
- There are time limitations on submitting claims, refer to your Policy Terms, Conditions, and Benefits of Insurance document for further details.
- Claims received that are incomplete or missing information may be delayed or returned to you.
- The 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.
- Please note that as of January 2007, claims must be submitted within 6 months of the date of treatment.
- For cancelled policies, claims must be submitted within 60 days of cancellation.

What's covered:

We will pay for the cost of treatment received during the period of your policy up to the maximum benefit amount.

What you are responsible for:

- The co-insurance percent of your policy.
- The deductible amount of your policy.
- Cost of treatment for any illness or injury which first showed symptoms before your pet's policy started or during the waiting period.
- Any injury or illness shown as an exclusion on your policy.
- Uninsured items (i.e. toys, treats, etc.)

Please see your Policy Terms, Conditions and Benefits of Insurance document for full details.

Tips for your veterinarian:

To help us correctly adjust ongoing and related claims, please fill out Section 2 to the best of your knowledge at the time of completion.

- Please indicate the diagnosis or tentative diagnosis rather than "X-ray, blood tests, exam, etc..."
- If the condition is unknown, please specify clinical signs or "suspected illness" ie: fever, weight loss, lethargy.