



Medical & Surgical Claim Form

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS FORM

1. Please ensure that all details are entered correctly, this will speed up your claim process.
2. To be accepted, claims should be sent in within the policy period.
3. Receipted accounts should show:
 - Pet owner's name and address —Pets name and breed
 - Date of consultation —Diagnosis of illness/accident
 - Treatment given
4. **TAX RECEIPTS** are required for all claims and they must state the treatment given, eg: consultation, drugs, surgery. Please attach only **original** receipted accounts. **PHOTOCOPIES ARE NOT ACCEPTABLE. EFT-POS or CASH/TILL RECEIPTS** are not acceptable as they do not show the treatment given or have the GST number of the clinic.
5. **HISTORY RECORD.** Many clinics now have these and they state a diagnosis and treatment given for that visit, if these are available, please send in with the Tax Receipt. A History Record is *not* a receipt.

A claim form is issued to all new clients and with all claim refund cheques. Any addition request for lost claim forms will be debited to the claim an amount of **\$2.00** to cover postage and administration costs.

POLICYHOLDER'S DETAILS:

Current Address

Surname _____
 Mr/Mrs/Miss/Ms/Dr (Initials) _____
 Address _____
 Suburb _____
 City _____
 Contact phone _____

POLICY No:

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Change of address or name, please show in this box

Surname _____
 Mr/Mrs/Miss/Ms/Dr (Initials) _____
 Address _____
 Suburb _____
 City _____
 Contact phone _____

Please tick preferred payment method:

Cheque Direct Credit

Bank Account details if different from previous claim:

Bank	Branch	Account Number	Suffix

I/we certify that all particulars shown on this form are true and correct and are made in accordance with the conditions of my membership, I/we hereby authorise the obtaining of any further information ELLENCO ENTERPRIZES may require.

Signature of Policyholder _____ Date _____

FOR OFFICE USE ONLY

Claim Received ____/____/____ Cheque Posted ____/____/____ DC ____/____/____ Plan _____