



## PROCESSING A CLAIM

In order to process your claim as quickly as possible we require the following information with every claim. \*Failure to provide all the required information will delay the processing of your claim.

- A report from the vet detailing the Diagnosis and specific treatment given to your pet.
- A printout of your pet's history of consultations or treatments received in the last 6 months.
- The original invoices.
- Proof of payment.
- Copies of any blood tests and any other tests / or results
- Copies of any X-Rays.
- A copy of your pet's vaccination record.

All of the above mentioned information can be emailed to us at [claims@protectapet.eu](mailto:claims@protectapet.eu). Please note that photographs of the documents are NOT acceptable as they provide us with a very poor quality image. All documents with the exception of X rays must be scanned using a printer scanner. Alternatively you may post everything to us at the following address.

Protectapet SL  
Apartado de Correos 42  
03726 Benitachell  
Alicante

# Claim Form



Name:

Policy number:

NIE No:

Telephone number:

Email address:

Bank account IBAN number:

Pet's name:

Pet's age:

Pet's weight:

Date of claim:

Date first symptoms occurred:

What is the diagnosis of your pet's illness/condition?

## **YOU MUST ENCLOSE THE FOLLOWING DOCUMENTS TO SUPPORT YOUR CLAIM.**

- A report from the vet detailing the Diagnosis and specific treatment given to your pet.
- A printout of your pet's history of consultations or treatments received in the last 6 months.
- The original invoices.
- Proof of payment.
- Copies of any blood tests and any other tests / or results
- Copies of any X-Rays.
- A copy of your pet's vaccination record.

### Declaration by the policy holder

I declare that the information provided with this claim is correct and that the fees charged are no higher than normal practice fees. I declare that the details given are correct to the best of my knowledge and I hereby authorize Protectapet to request any additional information required from any vet that has treated my pet.

Policy Holders Signature:

Date:

### Veterinary Practice details

Practice Telephone number:

Email address:

VETS STAMP
COLEGIO No

Veterinarian Signature:

*On completion please post to:*  
Protectapet, The European Healthcare Management Organisation SL  
Apartado de Correos 42, 03726 Benitachell, Alicante  
*Or email to: [claims@protectapet.eu](mailto:claims@protectapet.eu)*

# Claim Form



Nombre:

Numero de poliza:

NIE:

Numero de telefono:

Direccion de email:

Numero de IBAN:

Mascota Nombre:

Edad:

Peso:

Fecha de reclamación:

Fecha de los primeros síntomas:

¿Que es el diagnostico por la enfermedad o herida?

## TIENE QUE ADJUNTAR LOS DOCUMENTOS SIGUIENTE A SOPORTE SU RECLAMACION.

- Un informe del veterinario detallando el diagnostico y tratamiento específico a su mascota
- Una copia del historial de su mascota, consultas o tratamientos en los ultimos 6 meses
- Las facturas originales.
- Prueba de pago.
- Copias de cualquier pruebas sanguineo o cualquier otro pruebas o resultados.
- Copias de cualquier radiografias.
- Una copia de la cartilla de vacuñas de su mascota

### Declaración por el poseedor de la poliza

Yo declare que la información otorgada con esta reclamación es correcta y que cualquier cargo no es mas alto que el precio normal de honorarios. Yo declare que los datos dados son correctos según mi leal saber y entender y yo por la presente autorizo Protectapet a solicitar información adicional requerida de cualquier veterinario que haya tratado a mi mascota.

Firma del Poseedor de la Poliza:

Fecha:

### Detalles de la clinica del Veterinario

Numero de fijo:

Dirección email:

Firma del Veterinario:

SELLO DE VETERINARIO

COLEGIO No

Una vez complete enviar a:

Protectapet, The European Healthcare Management Organisation SL

Apartado de Correos 42, 03726 Benitachell, Alicante

O enviar a email a: [claims@protectapet.eu](mailto:claims@protectapet.eu)