

Veterinary Fee Claim Form

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

Member number: _____

Name: _____

Address: _____

_____ ☐ Please check
if new address

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

Fax: (____) _____ Email: _____

Pet's name: _____

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

Gender: ☐ male ☐ femaleType of pet: ☐ dog ☐ cat

Breed: _____

**Questions? Contact us at:**
1-800-581-0580 or info@westernfic.com

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

How long has this pet been registered with your practice? ☐ less than 1 year ☐ more than 1 year

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) * For help on completing this section please see reverse "Tips for your veterinarian" | Date of first clinical signs (as noted by you, the client or the pet's medical record) |
|------------------|--|--|
| Problem 1 | | |
| Problem 2 | | |
| Problem 3 | | |

Did any illness or injury being claimed for result in the death or euthanasia of the pet? ☐ yes ☐ noIf yes, date of death:

| | | |
|----|----|------|
| mm | dd | yyyy |
|----|----|------|

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 |
|--|----|----|------|

Practice stamp or print practice name

4 Member 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 cost, and confirm that treatment cost 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 Western Financial Insurance Company and to confirm any details as required, and for Western Financial Insurance Company to advise my veterinarian of my chosen plan.

Signature of
member:

| | | | |
|--|----|----|------|
| | mm | dd | yyyy |
|--|----|----|------|

Checklist

Have you:

- ☐ Completed sections 1 & 4
- ☐ Signed this form
- ☐ Attached detailed receipts

Has your veterinarian:

- ☐ Completed sections 2 & 3
- ☐ Signed this form

Please turn over

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 veterinarian 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:
Western Financial Insurance Company
200 - 1200 Portage Avenue
Winnipeg, MB R3G 0T5
Or fax to:
1-866-32-CLAIM
1-866-322-5246
 6. Watch for your reimbursement - we process complete claims in an average of 5 business days.
- Call us at 1-800-581-0580 or email us at info@westernfic.com 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.
- If faxing, we do not require the originals by mail.
- Please use one claim form per pet.
- Issuance or completion of this form does not acknowledge liability on behalf of Western Financial Insurance Company.
- There are time limitations on submitting claims, claims must be submitted within 6 months of the date of treatment. For cancelled policies, claims must be submitted within 60 days of cancellation.
- Claims received that are incomplete or missing information may be delayed.
- 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.

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.
- Date of First Clinical Signs: For reoccurring or chronic problems, please indicate the date the pet first showed clinical signs of this or a related problem. For example, a pet initially had an ear problem starting June 1st according to the owner, and was seen at your practice on June 3rd. If you are submitting a claim for another ear problem two months later, the date of first clinical signs for Ear Problems is June 1st.
- If multiple problems are being claimed for, please write the problem number (1, 2 or 3) on the corresponding receipt(s), or beside the corresponding fees.
- Please remember to print your name and sign the form in section 3.