



# Veterinary Fee Claim Form

Claims must be submitted in writing to the administrator of Medibank Pet Insurance, at the address set out in this form together with the original itemised invoice and receipts for payment within 90 days of the date veterinary expenses are incurred, unless otherwise stated in the policy document.

**Note: If this is your first claim or your pet has been insured under Medibank Pet Insurance for less than 6 months please attach a complete veterinary history from both current and previous veterinary clinics.** If you have previously provided this information you do not need to resubmit it. If you do not provide this information as requested, there may be a delay in assessing your claim.

Faxed claims will not be accepted. Please use a black pen and print in CAPITALS. If you have any questions about your claim please call 132 331 between 8.00am – 8.00pm (AEST) Monday to Friday.

## 1. Your details

Medibank Pet Insurance policy number \_\_\_\_\_

### Pet's details

Pet's name: \_\_\_\_\_  Dog  Cat  Male  Female Desexed: Yes/No

Pet's age: \_\_\_\_\_ Pet's date of birth: \_\_\_\_\_ Colour: \_\_\_\_\_ Breed: \_\_\_\_\_

### Policy owner's details

Title: Mr/Mrs/Ms/Miss/Dr/Other \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Day phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Please tick  if there has been a change of address

## 2. Record of veterinary services

Please ask your vet to complete in order to ensure efficient processing of your claim

Type and cause of injury or condition/diagnosis	Treatment date	Dates of first clinical signs (include dates of previous related or similar conditions)	Total charge
	/ /		\$
	/ /		\$
	/ /		\$

Please attach radiology and/or pathology reports where applicable

When was this pet first registered at your practice? \_\_\_\_/\_\_\_\_/\_\_\_\_ Is this claim a continuation of a prior claim?  Yes  No

Date of last vaccination/booster: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of vaccination: \_\_\_\_\_

Have you supplied a full veterinary history if this is your client's first Accident or Illness claim?  Yes  No

### Notes

## 3. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect processing or assessment of the claim has been withheld. I/We understand that 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. I/We confirm that the account(s) submitted with this claim have been paid in full and I/We understand that the Administrator will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise my/our veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Signature of Pet Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Veterinarian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of attending veterinarian and practice: (Please print) \_\_\_\_\_



### Make a claim in three easy steps

**🐾 Step one:**

Fill in your and your pet's personal information and sign the claim form.

**🐾 Step two:**

Take the form to your vet, and ask your vet to fully complete section 2 and sign the form.

**🐾 Step three:**

Attach the original detailed itemised invoices and payment receipts to the completed Medibank Pet Insurance claim form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.

**Then mail to the address below:**

**Medibank Pet Insurance  
Claims Department  
Locked Bag 9021  
Castle Hill NSW 1765**

### How your claim is assessed

Once the necessary documentation is received, your claim will be processed without delay and payment will be made to the policy holder by cheque or directly into a nominated account.

In many cases your claim can be processed directly without veterinary records being required. However, in some cases veterinary records may be requested to assist in understanding some aspect of your claim to ensure it is processed correctly and fairly.

### How your claim will be paid

If you have elected to pay your premiums by direct debit your benefits will be paid directly into your nominated bank account. If you have elected to pay your premiums by credit card you will receive a cheque in payment of your benefits. Following the payment of your claim you will also receive a statement confirming payment.

### Claim checklist

Before sending in your claim ensure:

- You have attached a full veterinary history if this is your first Accident or Illness claim (no history is required for Routine Care claims)
- You have completed the claim form
- You have attached the original itemised invoices and receipts
- You and your vet have signed this form

Please note: All claims should be submitted and received within 90 days of treatment.

### Need more claim forms?

You can access copies of this form online at [medibank.com.au/petinsurance](http://medibank.com.au/petinsurance), from a Medibank store or by calling 132 331. If you have any questions about your claim, please call 132 331, 8am - 8pm (AEST) Monday to Friday.

Disclaimer: It is a criminal act to make a false or fraudulent claim under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy. Violators of this provision may be subject to criminal prosecution.

**Please mail completed claim form to: Medibank Pet Insurance – Claims Department, Locked Bag 9021, Castle Hill, NSW 1765**

Medibank Pet Insurance is:

- underwritten by The Hollard Insurance Company Pty Ltd. ABN 78 090 584 473 AFSL No.241436 ("Hollard");
- administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923 Authorised Representative No 268991, as an authorised representative of Hollard; and
- promoted by Medibank Private Limited ABN 47 080 890 259 Authorised Representative No 286089, as an authorised representative of Hollard.

Neither Medibank Private Limited, nor any of its related entities, directors or employees guarantees the assessment or payment of claims under any policy issued and underwritten by Hollard.