

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, unless otherwise stated in the policy document.

Please mail this completed form to Medibank Pet Insurance, Claims Department, Locked Bag 9021, Castle Hill, NSW 1765 or fax both sides of this form with all accompanying documentation to 1300 367 229.

Note: If this is your first claim please attach the relevant veterinary history (medical records).

If you have previously provided this information, or if it is a routine care claim, you do not need to provide it. If you do not provide this information as requested, there may be a delay in assessing your claim.

Please use a black pen and print in CAPITALS. If you have any questions about your claim, or for assistance with the completion of this form, please call 132 331 between 8.00am – 8.00pm (AEST) Monday to Friday.

1. Your details

Medibank Pet Insurance policy number: _____

Pet's name: _____ ☐ Dog ☐ Cat | ☐ Male ☐ Female | Desexed? ☐ Yes ☐ No

Pet's age _____ Date of birth: ____ / ____ / ____ Colour _____ Breed: _____

Policy owner's details

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

Address: _____ Suburb/City: _____ State: _____ Postcode: _____

Email: _____ Please tick if there has been a change of address ☐

Home phone: _____ Day phone: _____ Mobile phone: _____

If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage? _____ %

ABN number _____ By leaving these details blank, the insured confirms that no entitlement to GST ITC exists.

2. Record of veterinary services

Note: If this is your pet's first claim or your pet has been insured with us for less than 6 months please attach all relevant invoices and clinic records from your vet. In some instances, we may require more information to process your claim, such as previous medical history or pathology results. If this is the case, we will contact you for this information. If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it.

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

Please attach radiology and/or pathology reports where applicable

When was this pet registered at your practice? ____ / ____ / ____ Date of last vaccination/booster: ____ / ____ / ____

Type of vaccination: _____

Have you supplied the relevant veterinary history if this is your client's first Specified Accident or Illness claim? ☐ Yes ☐ No

Please provide any additional notes or comments to support this application:

3. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this 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 veterinary services as detailed in the account(s) submitted with this claim have been provided 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.

I/We consent to Medibank, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to Medibank, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Medibank, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of policy owner:

Date ____ / ____ / ____

Signature of vet:

Date ____ / ____ / ____

Name of attending vet & practice: _____

Your vet registration number: _____ Registration state: _____

Make a claim in three easy steps

- **Step 1** - Fill in your and your pet's personal information and sign the claim form.
- **Step 2** - Take the form to your vet, and ask your vet to fully complete section 2 and sign the form.
- **Step 3** - Attach the original detailed itemised invoices and payment receipts and relevant clinical records and/or veterinary history to the completed Medibank Pet Insurance claim form.

Ensure your vet includes their practice details on the original invoice.

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 a full veterinary history being required. However, in some cases, additional veterinary records may be requested to assist in understanding an aspect of your claim to ensure it is processed correctly and fairly.

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 all relevant veterinary records if this is your first Specified Accidental Injury or Illness claim (no history is required for Routine Care claims)
- ☐ You have completed the claim form
- ☐ You have attached the original/copies of itemised invoices and receipts
- ☐ You and your vet have signed this form

Need more claim forms?

You can access copies of this form from a Medibank store, by calling 132 331, or online at medibank.com.au/pet-insurance

Medibank Pet Insurance is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436, is arranged and administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 (PetSure) and is promoted and distributed by PetSure's Authorised Representative (AR) Medibank Private Limited ABN 47 080 890 259, AR 286089. Any advice provided is general only and does not take into account your individual objectives, financial situation or needs. Please consider the Product Disclosure Statement (PDS) to ensure this product meets your needs before purchasing. PDS and Target Market Determination available at medibank.com.au/pet-insurance.

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to Medibank, PetSure and Hollard. We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at medibank.com.au/pet-insurance

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.