

1. Your details

Medibank Pet Insurance policy number

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 please attach a complete veterinary history (medical records) from all current and previous veterinary clinics. 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.

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.

Pet's details			
Pet's name		☐ Dog ☐ Cat ☐ Male ☐ Female Desex	ed 🗆 Yes 🗆 No
Pet's age Pet's date of birth	Cold	our Breed	
Policy owner's details Title Mr Mrs Ms Miss Dr	Other		
First name		Surname	
Address		Suburb/City	
State Postcode	Please tick	if there has been a change of address	
Home phone	Day phone	Mobile phone	
Email address			
If you are registered for GST and are entitled to	a GST Input Tax Credi	t (ITC) on your premium, what is the ITC percenta	age? %
ABN:	By leaving these de	etails blank, the insured confirms that no entitlem	ent to GST ITC exists.
2. Record of veterinary services			
Please ask your vet to complete in order to en	sure efficient proces	sing 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 re	ports where applicab	le	
When was this pet registered at your practice? Type of vaccination:	,	Date of last vaccination/booster:	
Have you supplied a full veterinary history if th	is 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 the claim has been withheld. I/We understand that may result in the denial of the claim and/or cancella in full and I/We understand that the Administrator w I/We authorise my/our veterinary surgeon who has issuance or completion of this form does not ackno	deliberate misreprese ation of the policy. I/We vill assess the claim in treated my/our pet to	ntation of the animal's condition or the omission confirm that the account(s) submitted with this c accordance with the cover selected and benefits provide to the insurer any details they may require	of any material facts laim have been paid payable by the policy.
Signature of Pet Owner		Signature of Veterinarian	
Date		Date	
Name of attending veterinarian & practice:			
(Please print)			
Veterinarian registration no:	Registratio	on 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 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

Refore	sending	in voi	ır claim	ensure.
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You have attached a full veterinary history (medical records from previous veterinary visits) if this is your first Accident o 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, from a Medibank store or by calling 132 331.

If you have any questions about your claim, please call 132 331, 8.00am – 8.00pm (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.

Medibank Pet Insurance is:

- underwritten by The Hollard Insurance Company Pty Ltd. ABN 78 090 584 473 AFSL 241436 ("Hollard");
- administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923 AFSL 420183, and
- promoted by Medibank Private Limited ABN 47 080 890 259
 Authorised Representative No 286089, as an authorised representative of PetSure.

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.

Please mail completed claim form to:

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