

CLAIM FORM for Veterinary Fees

PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM
PLEASE COMPLETE A SEPERATE FORM FOR EACH PET
PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

We're happy to help!
If you have any questions call us on
0800 MEDI PET (633 4738)



1. policyholder to complete POLICY NUMBER

2. policyholder to complete ABOUT YOU

Policyholder's name _____

Daytime telephone no _____

Email address _____

policy holder's address _____

postcode _____

Please tick here if this is different to the address on your Policy Document

3. policyholder to complete ABOUT YOUR PET

Pet's name _____

Pedigree name _____

Is your pet a dog cat

Breed _____

pet's date of birth _____ Male female

Is your pet insured with any other company? Yes No

If yes, please state which company _____

Has your pet been insured with Medipet before? Yes No

4. policyholder to complete DETAILS OF YOUR PET'S ILLNESS

What condition(s) are you claiming for?

Condition 1 _____

Condition 2 _____

For each condition, please tell us the date you noticed any signs that your pet was unwell before booking an appointment with your veterinary practice. Your claim may be delayed if we do not have this information

Date / / for Condition 1

Date / / for Condition 2

Did the illness or injury result in the death of your pet? Yes No

Date of death _____

Please tell us the name and address of veterinary surgeries where your pet has been registered before (if there is more than one, please use a seperate piece of paper)

Name _____

Address _____


Telephone no. _____

postcode _____

Date: from / / to / /

5. policyholder to complete PAYEE DETAILS

Monies will automatically be paid into to the policyholder(s) account, named on your Policy Document

Please sign here 

Are you happy for Medipet to provide the veterinary practice identified on this form with information about your policy in respect of this claim? Yes No

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief

IMPORTANT NOTES

- Medipet Pty Ltd administers the policy on behalf of Renasa Insurance Company which underwrites the policy
- If the claim is being faxed, please retain all the original copies of the claim form and receipts
- Please use a seperate claim form for each pet
- Please send completed forms including copies of all receipts to: **P O Box 31596, Tokai, 7966 / fax (021) 701 2027**
- Web Address: **info@medipetsa.co.za**

ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

6. Vet to complete

GENERAL INFORMATION

When was the pet first registered at your practice?

If this pet has been referred please give the name, address and telephone number of the practice which referred it

Name

Address

Telephone no

In connection with treatment claimed did you:

Make a **house visit**?

Yes No

Or provide **out of hours treatment**?

Yes No

If **yes**, why was the house visit/out of hours treatment necessary?

Is any part of this claim for a condition the pet can be vaccinated against?

Yes No

If **Yes**, were the pet's **vaccinations** up to date at time of treatment?

Yes please give date of last vaccination

No Don't know

Is any part of this claim for dental treatment?

Yes No

If **Yes**, please enclose a full clinical history over the last year. If this is not attached this will delay the client's claim



7. Vet to complete

ABOUT THE ILLNESS OR INJURY

Condition 1

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

Is this claim a continuation?

When did this illness or injury begin (as noted on your records?)

Treatment dates: from / / to / /

Did death or euthanasia result from this illness or injury?

Date of death / /

If the pet was put to sleep, did you recommend this?

To your knowledge has this pet been seen before for:

•This illness or injury?

•Any similar or related illness or injury?

•Any similar or related clinical signs?

If yes, please provide the history with dates?

Date / /

Date / /

Total amount claimed (inc VAT)

R -

PLEASE ENCLOSE FULL INVOICES TO SUPPORT THIS CLAIM

8. Vet to complete

ABOUT THE ILLNESS OR INJURY

Condition 2 (if relevant)

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

Is this claim a continuation?

When did this illness or injury begin (as noted on your records?)

Treatment dates: from / / to / /

Did death or euthanasia result from this illness or injury?

Date of death / /

If the pet was put to sleep, did you recommend this?

To your knowledge has this pet been seen before for:

•This illness or injury?

•Any similar or related illness or injury?

•Any similar or related clinical signs?

If yes, please provide the history with dates?

Date / /

Date / /

Total amount claimed (inc VAT)

R -

PLEASE ENCLOSE FULL INVOICES TO SUPPORT THIS CLAIM

9. Vet to complete

DECLARATION OF VETERINARY PRACTICE

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief

Name

Position in practice

Medipet practice no

Email address

Vet stamp

Signature

Date