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## Claim Form

### Important notes

Submit completed form, including copies of all invoices & other supporting documentation, to:

 **claims@medipet.co.za (email)**

#### We require the following for claims:

- Detailed invoices. Statements will not be accepted
- Full vet history for first claims and/or new conditions (not needed for Lite)
- A separate form for each pet
- Submission within 60 days of treatment date on the invoice(s)



### Missing information will delay the processing of claims

#### Section 1 Policy holder details

Your name: \_\_\_\_\_

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

Policy number: MPI \_\_\_\_\_

Contact number: \_\_\_\_\_

(We protect your privacy)

#### Section 2 Pet details

Name of pet: \_\_\_\_\_

Pet's date of birth: \_\_\_\_\_

Dog or Cat: \_\_\_\_\_

#### Section 3 Your claim details

Medical condition/illness: \_\_\_\_\_

When did your pet first show symptoms of this condition? \_\_\_\_\_

Is any part of this claim for lameness? If yes, please specify which leg, and if applicable, where the problem is: \_\_\_\_\_

Top Pet Routine Care Add-Ons only: Is any part of your claim for routine care?

If so, please give details: \_\_\_\_\_

In the event of your pet's passing, please provide cause of death: \_\_\_\_\_

Notes: \_\_\_\_\_

