

## Veterinary Fee Claim Form

Claims should be submitted in writing and received with the original itemised invoice[s] within 90 days of the vet treatment being provided. Faxed claims will not be accepted. **Note: If this is your first claim please attached a complete veterinary history (medical records) from all current and previous veterinary clinics.** If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it.

### Part 1: To be completed by you, the policy owner

Policy Number:

#### Your Pet's Details

Your Pet's Name:  Species: Dog  Cat

Gender: Male  Female  Desexed: Yes  No

Pet's Age/D.O.B.  Colour:  Breed:

#### Your Details

Title:  First Name:  Surname:

Address:

Suburb:  State:  Postcode:

Phone: [Home] [  ] [Work] [  ] [Mobile]

Email:

Please tick if there has been a change of address or contact details:

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

### Part 2: To be completed by the vet to ensure sufficient processing of your claim

Is this claim for Routine Care? If yes, simply attached the invoice and complete the declaration below.

Type and cause of injury or condition/diagnosis	Date of treatment	Dates of first clinical signs <small>(include dates of previous related or similar conditions)</small>	Total charge
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Summary: Please attach radiology, pathology reports and consultation notes where applicable.

How long has this pet been a client of your clinic?: Less than 6 months  More than 6 months

#### Case notes:

  
  


Date of last Vaccination/Booster  /  /  Type of Vaccination

### 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 commission 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 policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/we authorise any 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:

Signature of Veterinarian:

Date:  /  /   Date:  /  /

Veterinarian Registration No:  Registration State:

Name of Attending Veterinarian and Practice [please print]:

Please mail your completed claim form to: MiPet Insurance, Locked Bag 9021, Castle Hill, NSW, 1765  
or submit via the MiPet eclaim portal at [www.mipetinsurance.com.au](http://www.mipetinsurance.com.au)

## Making a Claim

We've simplified our claims process to ensure that you receive your benefit as quickly as possible.

### Making a claim is easy. You have 2 easy ways to claim:

#### 1. eClaim

The easiest way to claim is online.

You can register or log in to **MiPet Account** via <https://portal.petsure.com.au/mipet/login>.

Simply upload a copy of the itemised invoice and the consultation notes from your vet visit into your **MiPet Account**.

Please note that if this is your first claim we require your pet's full medical history from all previous vets since you have owned your pet. If your pet was adopted at an older age please supply adoption paperwork and medical records since adoption.

#### 2. Paper Claim

If you prefer to submit your claims through the post, please follow the 3 easy steps below:

1. Fill in you and your pet's personal information and sign the claim form.
2. Take the form to your vet, and ask your vet to complete in full Part 2 and sign the form. Attach the original detailed itemised invoices and payment receipts to the completed claim form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.
3. Then mail your completed claim form to: **MiPet Insurance, Locked Bag 9021, Castle Hill, NSW, 1765**

**Should you have any questions please call us on 1300 568 489 between 8am to 8pm (AEST), Monday to Friday [except public holidays].**

### How your claim is assessed

Once the necessary documentation is received, your claim will be processed without delay. 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

You need to nominate how you would like your benefits paid back to you.

So, 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, unless you have already updated your nominated bank account with us. Following the payment of your claim you will also receive a statement confirming payment.

### Claims checklist (please do not staple documents)

Before sending in your claim, please ensure you have:

- Completed the Claim Form**
- Attached the original itemised invoice**
- Signed Veterinarian Claim Fee Form**
- Attached a full veterinary history (medical records from previous veterinary visits) if this is your first Accident or Illness claim (no history is required for Routine Care claims)**
- Attached adoption certificate (if this is an adopted or rescued pet)**

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

**Disclaimer: It is a criminal act to make a false or fraudulent claim under and 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.**