



Claim Form

Important notes

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

-  **021 701 2027 (fax)**
-  **claims@medipetsa.co.za (email)**

We require the following for all claims:

- Detailed invoices. Statements will not be accepted.
- Full veterinary history for first claims and/or new conditions.
- 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

Policy number: MPI _____

First name: _____

Surname: _____

Email: _____

Contact number: _____

Section 2 Pet details

Pet's name: _____ Date of birth: _____

Breed: _____

Section 3 Treatment details

Name of condition: _____

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 Dog & Top Cat Pets only: Is any Part of your claim for routine care? If so, specify: _____

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

