

How to submit a claim:

Submitting your claim online is the most efficient method. Please visit [MEDNET](#) website and follow these steps:

1. Go to Insured Members and click "Claim Reimbursement"
2. Complete your claim online
3. Copy, scan and upload your supporting documents, including itemized bills, original receipts
4. Click "submit claim" to complete the process
5. After you submit your completed claim form, you will receive a notification by e-mail to confirm that it has been submitted successfully.

If you are unable to access to [MEDNET](#) website, **please provide the below information and attach the required documents and send it to: vetapprovals@mednet.com**. To avoid any delays in the processing of your claim, please ensure that:

1. All necessary claim documents are submitted
2. All the required information are provided (marked with *). Without all the required info we will be unable to approve your claim.

For Support, please call our Customer Services on 800 MedNet / 800 4882

. Policy holder's name*	<input type="text"/>
. Policy Number*	<input type="text"/>
. Address*	<input type="text"/>
. Email address*	<input type="text"/>
. Telephone number*	<input type="text"/>
. Pet's name*	<input type="text"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/>
. Breed*	<input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
. When did you take ownership of your pet, Date*	<input type="text"/>

Claim details:

. Hospital/Clinic name*

. Treatment date*

. Reason for visit* Injury or illness Consultation Vaccination Other

. Chief complaints*

. Diagnosis*

. How long has the pet been suffering from this sickness? *

Please specify the date when then symptoms first appeared:

. If treated before for the same condition, please specify the name of the clinic/hospital and the treatment details:

. Total claimed amount*

Supporting documents:

- . Full and Complete Medical Report / Diagnosis / Discharge summary from the treating doctor.
- . Original itemized invoices + payment receipts for the amount claimed (Invoice must show cost per service)
- . Copies of results of diagnostic tests.
- . Copy of vaccination record.

Date	Signature