

CLAIM FORM

Fill out one claim form per pet. Submit itemized, legible invoices.
Incomplete claim submissions may delay claim processing.

1 POLICYHOLDER INFORMATION

No. of pages: _____

POLICY NUMBER:

ADDRESS:

PET NAME:

CITY:

STATE:

ZIP:

NAME:

PHONE (H):

PHONE (W):

EMAIL:

NEW CONTACT INFORMATION? Write your new information here: _____

2 CLAIM DETAILS

REASON FOR VISIT (CHECK ALL THAT APPLY):

WELLNESS SERVICES

INJURY OR ILLNESS Write the diagnosis in the box below.

TREATMENT DATE(S):

FROM: / /

TO: / /

WHAT INJURY OR ILLNESS DID YOUR VETERINARIAN DIAGNOSE?

HOSPITAL/CLINIC NAME:

A diagnosis is the medical condition treated. Please do not list symptoms. For example, if your pet broke a bone, a symptom might be "limping," but the diagnosis would be "broken bone." Your veterinarian can help you with the diagnosis. Include a copy of your pet's treatment records and lab results for this visit if there is more than one condition being treated, your pet stayed at the hospital overnight or the diagnosis has not been determined. Please do not write "See Attached" or list the services shown on your invoice.

3 INVOICE(S) TOTAL

\$ _____

You must submit itemized invoices with your claim form.
Do not send estimates.

4 POLICYHOLDER SIGNATURE and DATE

X _____ / /

By signing this claim form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize my veterinarian to release medical records and give consent to Veterinary Pet Insurance Company in California and DVM Insurance Agency in all other states to communicate with my veterinarian or veterinarian's staff.

5 SUBMIT CLAIM FORM and INVOICE(S)

Please submit your claim by one method only.
Duplicate claim submissions will delay claim processing.

FAX (714) 989-5600 *No cover sheet necessary.*

-----OR-----

**MAIL VPI Claims Department
PO Box 2344
Brea, CA 92822-2344**

VPI CLAIMS DEPARTMENT NOTES ONLY



FAX ONLY THE FRONT PAGE OF THIS CLAIM FORM

DO NOT PAPERCLIP OR STAPLE ANYTHING THAT MAY COVER PART OF YOUR CLAIM FORM

The VPI Policyholder Portal gives you 24/7 access to your policy. Log on at my.petinsurance.com.

How to File a Claim

Step 1: Complete your claim form by checking the reason for the visit (wellness services and/or injury or illness). If your pet was seen for an injury or illness, please write the diagnosis (the name of the injury or illness your veterinarian diagnosed) in the box provided.

Step 2: Obtain a copy of your itemized invoice(s) and any supporting documents (e.g. medical records, lab results, etc, if applicable) to send with your claim form.

Step 3: Send your claim and invoice to VPI.

Email: For details on how to email your claim, visit my.petinsurance.com

Fax: 714-989-5600

Mail: VPI Claims Department, P.O. Box 2344, Brea, CA 92822-2344

Check Your Claim Status Online

Log on to the VPI Policyholder portal at my.petinsurance.com and click on "View Claim History." The status of faxed or mailed claims will be available 72 hours after they are received.

We're Here to Help

Contact a Customer Service representative toll free at 800-540-2016. Representatives are available Monday–Friday from 5:00 a.m. to 7:00 p.m. and Saturday from 7:00 a.m. to 3:30 p.m. (Pacific time).

Applicable in Ohio: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.