

# Claim Form

**INSTRUCTIONS:** Please complete ALL sections on this form and submit with your paid itemized invoice and pet's medical history. Only one claim form per pet. A new completed claim form is required with every claim submission. A complete veterinary medical history (records) from both current and previous veterinary clinics is required to process your pet's first claim. Follow the Claims Checklist to avoid delays in processing.

## Claims Checklist

- ☐ Complete Section 1 About You and Your Pet
    - ☐ Include your Policy Number and Contact Information
  - ☐ Review your Policy Documents and Terms and Conditions regarding available coverage and limits applicable to your policy
  - ☐ Have the treating veterinarian complete Sections 2, 4 and 3 if applicable.
  - ☐ Complete Section 3 Payment Details
  - ☐ Sign your claim form in Section 4: Declarations
  - ☐ Attach detailed paid invoices for condition(s) you are claiming for
- \*Missing information, signatures, or required supporting documents will result in delays in processing your claim*

### Medical Records Include:

- ☐ Detailed examination or SOAP notes
  - ☐ Lab/pathology/radiology reports
  - ☐ Medical reports from referral or emergency hospitals
- Transaction histories and invoices are not accepted*

### Invoices Must Be:

- ☐ Detailed and Itemized indicating the cost and treatment
  - ☐ Paid, unless reimbursement is to be made and agreed to by the veterinarian
- Account Summaries are not accepted*

## SECTION 1A: Your Pet's Information

Policy Number:

Pet Name:

Species: ☐ Dog ☐ Cat

Breed:

Age:

## SECTION 1B: Your Information

Your Name:

Mailing Address:

Email Address:

Home Number:

Cell Number:

☐ Check here if there has been a change to your address or phone number

## SECTION 2: About Your Claim To be completed by the treating licensed Veterinarian

### Diagnosis

List each separate diagnosis clearly

	Date of first clinical signs and symptoms (as noted by you, the client or the pet's medical record)
1	MM DD YY
2	MM DD YY
3	MM DD YY

Total amount being claimed:

\$

\$

\$

Has this medical condition been treated previously?

Yes ☐ No ☐ When: MM DD YY

Yes ☐ No ☐ When: MM DD YY

Yes ☐ No ☐ When: MM DD YY

## Veterinarian Notes

Please also attach veterinary history, radiology, pathology reports, and consultation notes where applicable

Pet's Weight: \_\_\_\_ ☐ KG ☐ LB Body Condition Score (BSC): \_\_\_\_ ☐ 1-5 Scale (1=Emaciated, 5=Obese) ☐ 1-9 Scale (1=Emaciated, 9=Obese)

When was this pet registered with your practice? MM DD YY

If this pet was referred to you, please give the name of the referring practice:

## SECTION 3: Optional Direct Deposit Payment Details

**PLEASE MAKE DIRECT PAYMENT TO** (select one):

☐ **Policyholder**

☐ **Veterinarian/Veterinary Clinic**

- For payment to be made directly to the veterinary clinic, a completed Pay to Clinic form is required.
- The selected party must enter their bank details in the section below to receive a direct deposit regardless of whether they match those used for billing of premiums.
- If direct deposit details have not been received and/or if a direct deposit payment is unsuccessful, a cheque for all payable treatment expenses will be sent via regular postal service.
- Note: direct deposit payment is independent from premium billing and will not affect your method of payment for policy premiums.

**Name of Account Holder:**

**Name of Bank:**

**Account Number:**

**Routing Number:**

Please select one from the following options:

- ☐ I authorize present and future claim reimbursements to be deposited into the above account when Direct Deposit has been selected.
- ☐ I have previously provided my banking information. I authorize eligible claims reimbursement to be deposited into this bank account.
- ☐ Provide claim reimbursement in the form of a check.

## SECTION 4: Declarations

### Policyholder Declaration

I declare that my veterinarian recommended the treatment for which I am claiming. The veterinary clinic has completed Section 2 and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinarian may provide information that the company may require to verify a claim. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

### Veterinarian Declaration

I declare that diagnosis and particulars given in Section 2 in regards to the treatment of this pet are correct to the best of my knowledge and belief. I agree to provide information that the company may require to verify a claim. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

\_\_\_\_\_  
**Signature of Policyholder**

Date: 

MM	DD	YY
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\_\_\_\_\_  
**Signature of Veterinarian**

Print Veterinarian Name:

Date: 

MM	DD	YY
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**Please submit completed claims by:**

**Mail**

710 Dorval Drive, Suite 400  
Oakville, Ontario L6K 3V7

**Email**

medicals@pethealthinc.com

**Fax**

1.866.368.7387

**Questions:**

Call our Customer Care Unit at  
1.866.597.2424

**CLINIC STAMP**