

Petplan Claim Form

Step-by-Step Instructions

- When you download a claim form from your policyholder account, parts 1 and 2 are pre-filled with your policy information for your convenience and to assist with processing. **Please ensure your details are correct.**
- Please bring this form to the veterinary clinic(s) where your pet is being/was treated and ask for their help in completing part 3 of this form. Please ask the treating veterinarian to put his or her initials in the space provided. **While our claim forms don't require a specific diagnosis, we DO require that the "Diagnosis/Details of Illness/Injury" field has some details of what your pet has been treated for — please ensure this box is completed.**
- You **MUST** sign your claim form before we can process your claim request. **Please remember to sign your form!**
- You can send your claim by fax, email or regular mail. Remember to include all supporting invoices, proof of payment and two years (if applicable) of medical history for your pet. **Please note that missing information or an unsigned claim form can potentially delay the assessment of your claim.**

CLAIM FORM FOR VETERINARY FEES Petplan®

(PLEASE COMPLETE SECTIONS CLEARLY IN BLOCK CAPITALS USING BLUE OR BLACK INK)

For directions on how to complete this form, refer to the **How Do I File A Claim?** sheet. Please contact us with any questions.

1 PART 1 – ABOUT YOU

Policy number: A B C 1 2 3 4 5 6 7 – 0 1

Policyholder name: Jane Doe Address: 123 Main St.

Phone number: 123-456-7890 City: Anytown

Email: janedoe@company.com State: Anywhere ZIP: 12345

2 PART 2 – ABOUT YOUR PET (ONLY ONE PET PER CLAIM FORM)

Pet's name: Eddie Breed: Mixed Breed Small (up to 22lb) Color: Tan

Type of pet: Dog Cat Male Female Pet's date of birth: 05/01/2003

2 PART 3 – ABOUT THE ILLNESS OR INJURY (HAVE YOUR VETERINARY CLINIC(S) HELP YOU COMPLETE THIS SECTION)

Is this claim for an accident or an illness? Accident Illness

Did death/euthanasia result from this illness/injury? Y N

Is this a continuation of a previous claim? Y N

Diagnosis/Details of Illness/Injury	Treatment Date(s)	Hospital/Clinic(s)	Vet's Initials	Invoice Amount
<u>RIGHT FRACTURED RADIUS</u>	<u>08/07/2013</u>	<u>ABC VET HOSPITAL</u>	<u>x</u>	<u>\$437.82</u>
ONE CONDITION PER CLAIM FORM*				

*Please attach paid invoices and medical records with policy number.

Please note that, when assessing claims, we require at least two years of medical history for your pet. This history **MUST** include notes from doctor's exams. If you have not already done so, please download a Medical Record Release Form from gopetplan.com/account and give a copy to all veterinary offices that have treated your pet.

3 PART 4 – DECLARATION BY POLICYHOLDER

I have checked the information on this claim form and confirm that it is correct to the best of my knowledge and ability. I understand that I am required to obtain documentation for this claim. I authorize Petplan to obtain information from any veterinarian or veterinary facility concerning the pet named in this form.

Policyholder's signature Jane Doe Date 08/08/2013

ANTI-FRAUD WARNING - ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

4 THREE WAYS TO FILE YOUR CLAIM:

EMAIL
claims@gopetplan.com

FAX
866.599.4654
(no cover sheet necessary)

MAIL
Claims Department
Petplan Insurance
3805 West Chester Pike, Suite 240
Newtown Square, PA 19073

6 454203 850599

We will try to process your claim as quickly as we can but claim forms that are incomplete or that are missing invoices or documentation can severely delay processing of your claim. **Please note** it is your responsibility to provide us with medical records upon request in order to fully process your claim.

Administered by: Fetch Insurance Services, LLC, 3805 West Chester Pike, Suite 240, Newtown Square, PA 19073 • Tel: 1.866.467.3875
PCPVF-1 05/16 Policies underwritten by: XL Specialty Insurance Company

For fastest processing, please fax your completed form and all supporting materials to 1-866-599-4654.

**mail: Claims Department, Petplan Insurance
3805 West Chester Pike, Suite 240
Newtown Square, PA 19073**