



# Claim Form Checklist

## DID YOU REMEMBER TO:

**Complete the Claim Form in its entirety?**

- Sign and date the claim form
- Have your veterinarian fill out the medical diagnosis
- Have your veterinarian sign and date the claim form
- Have your veterinarian provide their contact information

**Attach all invoices and/or itemized receipts?**

**Attach all medical treatment records for the claimed incident?**

- If this is your pet's first accident or illness claim, please provide 12 months of medical records (i.e. doctor's notes; prior to and including the incident date)
- If your pet is less than 12 months of ages, include all vet visits
- If this is not your first accident/illness claim, but is a new incident, please include the medical records related to the new claim
- If you recently adopted, please include adoption paperwork

**Did you make a copy to retain for your records?**

## HOW TO SUBMIT YOUR CLAIM:

**Email:** SubmitClaim@petfirst.com  
**Fax:** 877-281-3348  
**Mail:** PetFirst- Claims Department  
One Quartermaster Court  
Jeffersonville, IN 47130

All claims must be submitted in writing to PetFirst within **ninety (90) days** of the treatment or receipt date. Please allow at least 10 business days for processing.

**Please note:** Documentation is needed to support your request for review. Upon review, additional information may be requested. Failure to provide the necessary documentation will result in a delay in the processing of your claim.

# Filing a claim is Easy!



1. Complete the PetFirst Claim Form below.
2. If filing an accident or illness or routine care coverage claim, record the diagnoses and treatment date for your veterinary visit. If filing a supplemental benefit claim, record the details and receipt date.
3. Sign and date the form where indicated.
4. Have your veterinarian sign and date the form where indicated if claiming accident or illness or routine care coverage.
5. Include the original itemized receipt(s) for treatment or services along with the corresponding veterinary records. Retain a copy for your records.

6. Send the completed claim form and receipt(s) to:  
**MAIL:**

PetFirst- Claims Department  
One Quartermaster Court  
Jeffersonville, IN 47130

**EMAIL:** SubmitClaim@petfirst.com

**FAX:** 877-281-3348

7. Log on to your MyPets account at [www.petfirst.com](http://www.petfirst.com) to track the progress of your claim.

All claims must be submitted in writing to PetFirst within ninety (90) days of the treatment or receipt date.

Policy Number: \_\_\_\_\_  
 Plan: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Pet Name: \_\_\_\_\_  
 Species:  Dog  Cat  
 Color: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Sex:  Male  Female Age: \_\_\_\_\_

**PLEASE COMPLETE BELOW. INCOMPLETE FORMS WILL DELAY CLAIMS PROCESSING.**

You must provide a copy of the medical records pertaining to this incident. If this is your first claim specific to this incident, please provide a copy of your pet's written medical records for the last twelve (12) months.

**Accident, Illness or Routine Care Coverage Claim (Please Print):**

/ /				\$
Treatment Date	Veterinarian	Veterinary Clinic	Medical Diagnoses or Routine Treatment	Total Charges
/ /				\$
Treatment Date	Veterinarian	Veterinary Clinic	Medical Diagnoses or Routine Treatment	Total Charges
/ /				\$
Treatment Date	Veterinarian	Veterinary Clinic	Medical Diagnoses or Routine Treatment	Total Charges
/ /				\$
Treatment Date	Veterinarian	Veterinary Clinic	Medical Diagnoses or Routine Treatment	Total Charges

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

**Policyholder Declaration**

I declare that my veterinarian recommended the treatment for which I am claiming. The particulars given are correct to the best of my knowledge and belief.

X \_\_\_\_\_ / /  
 Policyholder Signature Date

**Veterinarian Declaration**

I confirm that I have treated the insured pet as stated and that the fees charged are reasonable and customary and the usual fees charged by this practice.

X \_\_\_\_\_ / /  
 Veterinarian Signature Date

**Veterinary Clinic Stamp**

Name, Address, and Telephone

## FRAUD WARNING NOTICE

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THE INFORMATION PROVIDED TO OBTAIN THIS COVERAGE IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE, THIS INCLUDES ANY APPLICATIONS, LOCATIONS SCHEDULES, VALUATION STATEMENTS, LOSS HISTORY INFORMATION AND ENGINEERING REPORTS.

THE FOLLOWING STATEMENT APPLIES IN ALL STATES EXCEPT THOSE NOTED BELOW:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**Arkansas Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California Fraud Warning** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Warning:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Warning:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Louisiana Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Warning:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Fraud Warning:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**New York 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Ohio Fraud Warning:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Warning:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Warning:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**Pennsylvania 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 civil penalties.

**Tennessee Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Virginia Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

**Washington Fraud Warning:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.