

Filing a claim is Easy!

1. Complete the 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. Retain a copy for your records.
6. Send the completed claim form and receipt(s) to:
MAIL:
 Claims Department
 One Quartermaster Court
 Jeffersonville, IN 47130
EMAIL: SubmitClaim@petfirst.com
FAX: 877-281-3348

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

Policy Number: PFH 12345-01
 Plan: Lifetime 5,000
 Name: Sally Smith
 Address: 123 Pet Way
 City: Pet City State: FL Zip: 01234
 Phone: 123-456-7890

Effective Date: 05 / 05 / 2014
 Expiration Date: 05 / 04 / 2015
 Pet Name: Koa
 Species: Dog Cat
 Color: Tan Breed: Chihuahua
 Sex: Male Female Age: 9

PLEASE COMPLETE BELOW. INCOMPLETE FORMS WILL DELAY CLAIMS PROCESSING.

You must provide a copy of the medical records pertaining to this incident. If this 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):

<u>7 / 15 / 14</u>	<u>Parvo & treatment</u>	\$ <u>355.25</u>
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
<u>7 / 15 / 14</u>	<u>Hospitalization</u>	\$ <u>92.44</u>
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
<u>/ /</u>		\$
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
<u>/ /</u>		\$
Treatment Date	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.

Veterinary Clinic
 Name, Address, and Telephone

Policyholder Declaration
 I declare my veterinarian recommended the treatment for which I am claiming. The particulars given are correct to the best of my knowledge and belief. I authorize my veterinarian to release medical records and give consent to PetFirst Pet Insurance to communicate with my veterinarian or veterinarian's staff.

Sally Smith 7 / 22 / 15
 Policyholder Signature Date

Cruz Animal Hospital
123 Overseas Highway
Pet City, FL 01234
102-203-3456