

## 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 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 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. Include the original itemized receipt(s) for treatment or services, along with the corresponding veterinary records (i.e. SOAP notes, vet notes, chart notes). Retain a copy for your records.
5. 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
6. 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 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 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	Medical Diagnoses or Routine Treatment	Total Charges
/ /		\$
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
/ /		\$
Treatment Date	Medical Diagnoses or Routine Treatment	Total Charges
/ /		\$
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.

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