

1 | Member Info

Policy Number: _____ Pet Name: _____
 Name: _____ Address: _____
 Phone: _____ City: _____ State: _____ Zip: _____

2 | Vet Visit Info

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

First, attach medical records (i.e. SOAP notes, vet notes, chart notes) from your veterinarian for the claimed incident.
Important Note: Medical records often differ from discharge instructions and invoices so it is important to ask your vet specifically for chart/SOAP/vet notes.

**Please note, if this is your first claim, please provide 12 months of medical records. If you have recently adopted your pet and don't have 12 months of medical records, all you will need to submit is your adoption contract.*

Second, attach invoices and/or itemized receipts along with this completed claim form.

**PLEASE INCLUDE:
 Veterinary Clinic (Name, Address, Telephone)**

3 | Diagnosis and Invoice Info

/ /	Medical Diagnoses or Routine Treatment	\$
Treatment Date		Total Charges
/ /	Medical Diagnoses or Routine Treatment	\$
Treatment Date		Total Charges
/ /	Medical Diagnoses or Routine Treatment	\$
Treatment Date		Total Charges
/ /	Medical Diagnoses or Routine Treatment	\$
Treatment Date		Total Charges

4 | Sign and Date *Incomplete forms will delay claims processing*

Signature: _____ Date: _____

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.

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.



MAIL TO:
 PetFirst - Claims Department
 400 Missouri Avenue Suite 105
 Jeffersonville, IN 47130

EMAIL TO:
 SubmitClaim@Petfirst.com

FAX TO:
 877-281-3348

UPLOAD TO:
 MyPets Online Account