



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 age, include all vet visits.
- If this is not your first accident/illness claim but a new incident, please include the medical records in relation to the claim.

Did you make a copy to retain for your records?

All Claims must be submitted in writing to PetFirst Healthcare within ninety (90) days of the treatment or receipt date. Please allow ten (10) business days for processing.

Please note: Documentation is needed to support your request for a 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 Healthcare 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. Mail the completed claim form and receipt(s) to:
PetFirst Healthcare – Claims Department
One Quartermaster Court
Jeffersonville, IN 47130
7. Log on to your MyPets account at www.petfirst.com to track the progress of your claim.

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

Policy Number: PFH253671
 Plan: Basic
 Name: Beatrice Feravolo
 Address: 3040C N. Atlantic Ave
 City: Cocoa Beach State: FL Zip: 32931
 Phone: 321-784-5438

Effective Date: 03 / 01 / 2010
 Expiration Date: 02 / 28 / 2011
 Pet Name: Blu Dog
 Species: Dog Cat
 Color: Blue Breed: Italian Greyhound
 Sex: Male Female Age: 8

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 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.

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