

# Claim Form



Underwritten by Northbridge General Insurance Corporation

**INSTRUCTIONS:** Please complete ALL sections on this form and submit with your paid itemized invoice and pet's medical history. Only one claim form per pet. A complete veterinary medical history (records) from both current and previous veterinary clinics is required to process your pet's first claim. Follow the Claims Checklist to avoid delays in processing.

## Claims Checklist

- Complete Section 1 About You and Your Pet
  - Include your Policy Number
  - Include your Contact Information
- Review your Policy Documents and Terms and Conditions to see if coverage is available for the current medical condition you are claiming for
- Have the treating veterinarian complete Sections 2 and 3
- Sign your claim form in the Declarations Section (Section 3)
- Attach detailed paid invoices for condition(s) you are claiming for

\*Missing information, signatures, or required supporting documents will result in delays in processing your claim

### Medical Records Include:

- Detailed examination or SOAP notes
  - Lab/pathology/radiology reports
  - Medical reports from referral or emergency hospitals
- Transaction histories and invoices are not accepted

### Invoices Must Be:

- Detailed and Itemized indicating the cost and treatment
  - Paid, unless reimbursement is to be made and agreed to by the veterinarian
- Account Summaries are not accepted

## SECTION 1A: Your Pet's Information

Policy Number:

Pet Name:

Species:  Dog  Cat

Breed:

Age:

## SECTION 1B: Your Information

Your Name:

Mailing Address:

Email Address:

Home Number:

Cell Number:

Check here if there has been a change to your address or phone number

## SECTION 2: About Your Claim To be completed by the treating licensed Veterinarian

### Diagnosis

List each separate diagnosis clearly

Diagnosis	Date of first clinical signs and symptoms (as noted by you, the client or the pet's medical record)	Total amount being claimed:	Has this medical condition been treated previously?
1	MM   DD   YY	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> When: MM   DD   YY
2	MM   DD   YY	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> When: MM   DD   YY
3	MM   DD   YY	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> When: MM   DD   YY

## Veterinarian Notes

Please also attach veterinary history, radiology, pathology reports, and consultation notes where applicable

Pet's Weight: \_\_\_\_\_  KG  LB    Body Condition Score (BSC): \_\_\_\_\_  1-5 Scale (1=Emaciated, 5=Obese)     1-9 Scale (1=Emaciated, 9=Obese)

When was this pet registered with your practice? \_\_\_\_\_  
MM | DD | YY

If this pet was referred to you, please give the name of the referring practice:

SUBMIT A CLAIM

Email [claims@ospcainsurance.ca](mailto:claims@ospcainsurance.ca)

Fax: 1.866.368.7387

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## SECTION 3: Declarations

### Policyholder Declaration

I declare that my veterinarian recommended the treatment for which I am claiming. The veterinary clinic has completed Section 2 and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinarian may provide information that the company may require to verify a claim. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

#### Signature of Policyholder

Date: 

MM	DD	YY
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### Veterinarian Declaration

I declare that diagnosis and particulars given in Section 2 in regards to the treatment of this pet are correct to the best of my knowledge and belief. I agree to provide information that the company may require to verify a claim. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

#### Signature of Veterinarian

Print Veterinarian Name:

Date: 

MM	DD	YY
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### Please submit completed claims by:

**Mail**  
710 Dorval Drive, Suite 400  
Oakville, Ontario L6K 3V7

**Email**  
claims@ospcainsurance.ca

**Fax**  
1.866.368.7387

**Questions:**  
Call OSPCA Claims at  
1.866.600.2445

**CLINIC STAMP**



**Pet  
Insurance®**