

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

1	Date of first clinical signs and symptoms (as noted by you, the client or the pet's medical record)
	_____ _____ _____ MM DD YY
2	_____ _____ _____ MM DD YY
3	_____ _____ _____ MM DD YY

Total amount being claimed:

\$

\$

\$

Has this medical condition been treated previously?

Yes No When: ____|____|____
MM DD YY

Yes No When: ____|____|____
MM DD YY

Yes No 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 medicals@pethealthinc.com

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

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

Please submit completed claims by:

Mail

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

Email

medicals@petthealthinc.com

Fax

1.866.368.7387

Questions:

Call our Customer Care Unit at
1.866.275.7387

CLINIC STAMP