

# 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](http://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: \_\_\_\_\_  
 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 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 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.

**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

