

CLAIM FORM

Fill out one claim form per pet. Submit itemized, legible invoices. Incomplete claim submissions may delay claim processing.

POLICYHOLDER INFORMATION			No. of pages:	
POLIC	CY NUMBER:	ADDRESS: CITY:		
PET N	IAME:	STATE:	ZIP	:
NAME:		PHONE (H): EMAIL:	PHONE (W):	
NEW CON	NTACT INFORMATION? Write your new informat	ion here:		
CLAIM	I DETAILS			
REASON FOR VISIT (CHECK ALL THAT APPLY):			TREATMENT DATE(S):	
□ WEL	LNESS SERVICES		FROM:	/ /
☐ INJURY OR ILLNESS Write the diagnosis in the box below.			TO:	/ /
WHAT INJURY OR ILLNESS DID YOUR VETERINARIAN DIAGNOSE?		HOSPITAL/CLINIC NAME:		
results fo determin	osis would be "broken bone." Your veterinarian or r this visit if there is more than one condition bei ed. Please do not write "See Attached" or list the CE(S) TOTAL	ng treated, your pet stayed at the hosp	oital overnight or the o	diagnosis has not been
POLIC	YHOLDER SIGNATURE and DATE	.i.		
v	1 1	By signing this claim form, I con		
		information I have provided is true and correct. I authorize my veterinarian to release medical records and give consent to Veterinary Pet Insurance Company in California and DVM Insurance Agency in all other states to communicate with my veterinarian or veterinarian's staff.		
SUBM	IT CLAIM FORM and INVOICE(S)			
	submit your claim by one method only. te claim submissions will delay claim pr	ocessing.	VPI CLAIN	IS DEPARTMENT NOTES ONLY
FAX	(714) 989-5600	No cover sheet necessary	'.	
	OR			
MAIL	VPI Claims Department			
	PO Box 2344			
	Brea, CA 92822-2344			
(05-12)	©2013 Veterinary Pet Insurance Company	13RET2424		



FAX ONLY THE FRONT PAGE OF THIS CLAIM FORM

DO NOT PAPERCLIP OR STAPLE ANYTHING THAT MAY COVER PART OF YOUR CLAIM FORM

The VPI Policyholder Portal gives you 24/7 access to your policy. Log on at my.petinsurance.com.

How to File a Claim

Step 1: Complete your claim form by checking the reason for the visit (wellness services and/or injury or illness). If your pet was seen for an injury or illness, please write the diagnosis (the name of the injury or illness your veterinarian diagnosed) in the box provided.

Step 2: Obtain a copy of your itemized invoice(s) and any supporting documents (e.g. medical records, lab results, etc, if applicable) to send with your claim form.

Step 3: Send your claim and invoice to VPI.

Email: For details on how to email your claim, visit my.petinsurance.com

Fax: 714-989-5600

Mail: VPI Claims Department, P.O. Box 2344, Brea, CA 92822-2344

Check Your Claim Status Online

Log on to the VPI Policyholder portal at my.petinsurance.com and click on "View Claim History." The status of faxed or mailed claims will be available 72 hours after they are received.

We're Here to Help

Contact a Customer Service representative toll free at 800-540-2016. Representatives are available Monday—Friday from 5:00 a.m. to 7:00 p.m. and Saturday from 7:00 a.m. to 3:30 p.m. (Pacific time).

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.