Filing a claim is **Easy!**

petfirst HEALTHCARE

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. 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

All claims must be submitted in writing to PetFirst Healthcare within one hundred eighty (180) days of the treatment or receipt date.

Please allow ten (10) business days for processing.

Policy Number: _____

Plan: ____ Preferred Plus ____ Preferred ____ Basic ____ AdoptionFirst

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.
If this is your first claim and your policy has been activated less than six months, please provide your pet's medical history for the last twelve (12) months.

Accident and/or Illness Claim (Please Print):

/ /				$
Treatment Date	Veterinarian	Veterinary Clinic	Medical Diagnoses	Total Charges
/ /				$
Treatment Date	Veterinarian	Veterinary Clinic	Medical Diagnoses	Total Charges

Routine Care Coverage Claim (Please Print):

/ /				$
Treatment Date	Veterinarian	Veterinary Clinic	Routine Treatment	Total Charges

Supplemental Benefit Claim (Please Print):

/ /		❒ Boarding ❒ Advertising and Reward ❒ Loss by Theft or Straying ❒ Trip Cancellation ❒ Burial or Cremation	$
Receipt Date	Service Provider	Details	Total Charges

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. I understand any person who knowingly and with intent to defraud or mislead PetFirst Healthcare commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

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