

For office use only

Claim Form

1 General Information *Please fill out this form completely. Incomplete forms will be returned.*

How do I submit my form?

FAX *(no cover sheet necessary)*
866-241-7486

MAIL
3840 Greentree Ave SW
Canton, OH 44706

E-MAIL
phpclaims@hartvillegroup.com

NOTE: You must submit an itemized invoice with the claim form.

Owner Name: _____

Address: _____

check here if this is a new address

Phone: _____

E-mail: _____

Veterinarian/Clinic Name: _____

Insurance Plan Number:

Please include this number on all documents

Plan Type: (circle one)

Accident Only Basic Value Choice Best

Pet Name: _____

Pet Age: _____

Gender: male female

Type of Pet: dog cat

Breed: _____

Need more claim forms?

Download forms at:
www.petshealthplan.com

Address: _____

Phone: _____ Fax: _____

HAVE A QUESTION?
Call us at 1-800-807-6724

2 Diagnosis / Treatment Information *Please use one form per pet, per accident or illness.*

Diagnosis	Dates of Treatment	Total Amt. Claimed
	from M/D/Y to M/D/Y	\$
	from M/D/Y to M/D/Y	\$
	from M/D/Y to M/D/Y	\$

Has the pet been treated for a similar problem before? yes no If yes, indicate dates: from _____ to _____

How long has this pet been registered with this clinic? under 12 months 1 - 2 years 2 or more years

Would you like reimbursement sent directly to the veterinarian or clinic listed on this form? yes no

Describe the occurrence (include dates and details leading up to the accident or illness):

3 VETERINARIAN DECLARATION *(Required)*

To the best of my knowledge, the information on this form is accurate.

Name of attending veterinarian or authorized representative (please print): _____

Signature of attending veterinarian or authorized representative: _____ Date: _____

4 PET OWNER DECLARATION

I confirm to the best of my knowledge the above statements are true in every respect. I understand that the fees listed may not be covered or may exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim cannot be adjusted without receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or the cancellation of coverage. I authorize the insuring company and its authorized representatives to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination, history, diagnosis, treatment and prognosis with respect to any condition.

Signature of Pet Owner: _____ Date: _____

How To File a Claim

1. It's quick and easy! Simply visit any licensed veterinarian in the U.S. or Canada.
2. Pay for the visit at the time of service.
3. Fill out a claim form being sure to complete all 4 parts.
4. Mail, fax, or e-mail the claim form along with a copy of the invoice.

3 Easy Ways To Submit a Form

1

FAX



866-241-7486

no fax cover sheet necessary

2

MAIL



Petshealth Care Plan
3840 Greentree Ave SW
Canton, OH 44706

3

E-MAIL



phpclaims@hartvillegroup.com

Please Note

- You must pay your veterinarian in full at the time of the visit.
- Remember to submit your claim form and receipts within 180 days of your pet's first treatment.
- Please use only one claim form per pet, per accident or illness.
- Make sure your claim is processed as quickly as possible by filling out all of the information on the form. Incomplete claim forms will be returned.
- Be sure your plan number appears on every document sent to our office.
- Help keep your premiums low by submitting claims only for treatments that are covered under your plan.
- The payment of a claim does not guarantee future payments if the injury or illness is determined to be a pre-existing condition, which would not be covered under the terms and conditions of your plan.
- If you have a great story about how Petshealth Care Plan helped pay for your pets' care, we'd love to hear it. Please email it to us at phpcustomersatisfaction@hartvillegroup.com.

Need more claim forms?



Download forms at:
www.petshealthplan.com

DISCLAIMER: It is a criminal act to make a false or fraudulent claim under an insurance policy and/or certificate or assist in the preparation or presentation of a false or fraudulent claim under a policy and/or certificate. Violators of this provision may be subject to criminal prosecution. Claims must be submitted in writing to Petshealth Care Plan within 180 days after the first treatment of your pet. Please note, certain co-insurance and deductible amounts may apply. Review your plan.