



Pets Best Insurance
 2710 Sunrise Rim Rd., Ste. 100
 Boise, ID 83705
 Toll Free: 1.877.PetsBest (738.7237)
 Fax: 866.777.1434
 Email: claims@petsbest.com

Claim Form

Claim form revised 01/2008. Please discard all previous forms

How to submit form:

1 Fax:
 1-866-777-1434

2 Mail:
 2710 Sunrise Rim Rd.
 Ste. 100
 Boise, ID 83705

3 E-Mail:
claims@petsbest.com

Need a new form?

Download new form at:
www.petsbest.com/claimform

Any Questions?

Call toll-free
 1-877-PetsBest (738-7237)

How to file a claim:

1. Complete the checklist on the second page
2. Pay for the visit at the time of service.
3. Fill out a claim form being sure to complete all 3 sections.
4. Send in the claim form along with a copy of the **paid itemized** invoice.

Please refer to your policy for submission time limits.

Policyholder Information

(all fields required to process this claim)

Policy Number: _____

Owner's Name: _____

Pet Name: _____ (one claim form per pet)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Veterinarian Declaration

(all fields required to process this claim)

Diagnosis: _____

History: _____

Provide dates and details leading up to injury or illness of this pet.

Has this pet ever been seen, treated or diagnosed for this (or similar) injury or illness before? Yes No

How long has this pet been with this hospital? 6 months 1 year 2 years or more

To the best of my knowledge, the information on this form is accurate. (unsigned forms will not be processed)

X

Veterinarian or authorized representative signature _____ Date _____

Print Name _____ Hospital Name _____

Policyholder Declaration

(unsigned forms will not be processed)

Your signature on this claim form certifies that, to the best of your knowledge, the statements you provide are true and correct. It is understood by the policyholder that the charges submitted may not be covered or may exceed your plan limits and that you are financially responsible to your veterinarian for all services rendered. It is understood that this claim can not be processed without itemized paid receipts and that you authorize claims representatives to obtain and review a copy of all medical records prior to treatment date. It is understood that any deliberate misrepresentation of the enrolled pet's condition or the omission of any material facts may result in the denial of claims and/or the cancellation of your policy. Fax, mail, or scan and e-mail all paid itemized invoices and keep a copy for your records. Invoice should list treating veterinarian's name and contact information.

Would you like reimbursement sent directly to the veterinary clinic on this form? Yes No

Amount Claiming: \$ _____ Date of Service: _____

X

Policyholder Signature _____ Date _____

****Please complete the checklist on page 2 before submitting this claim****

Claim Form Completion Check List

CLAIM FORMS MISSING ANY REQUIRED INFORMATION WILL NOT BE PROCESSED

- Bring your **Claim Form** into the Veterinarian's office at the time of your visit.
- Pay** for all services rendered.
- Include a **paid itemized invoice** (with proof of payment) of all services and procedures claiming.
- Complete the **Policyholder Information** section including **pet name**. (One pet per claim form)
- Have your Veterinarian complete and sign the **Veterinarian Declaration** section. The diagnosis is the condition or illness the pet was seen for, and the history is how long you have noticed the symptoms leading up to the injury or illness. You must have your veterinarian sign this section. (Unsigned forms will not be processed)
- Complete and sign the **Policyholder Declaration** section. This section also includes the **Amount Claimed** and **Date of Service**. (Unsigned forms will not be processed)
- Place your **Policy Number** on all pages submitted.

How to Submit Your Claim Form

FAX:

1-866-777-1434

MAIL:

Pets Best Insurance
2710 Sunrise Rim Rd.
Boise, ID 83705

EMAIL:

claims@petsbest.com