

Pet Healthcare Plan CLAIM FORM

Ph: 1.866.725.2747 Fax: 1.919.859.8193

For office use only

SECTION -1- This claim form must be filled out completely, and you must attach your itemized invoice. Incomplete forms will be returned.

Owner & Pet Information - This section to be completed by the policyholder

Last Name: _____ First Name: _____ Policy Number: _____
 Street: _____ City & State: _____, _____ Zip Code: _____
 Phone Number: _____ Email Address: _____

Check here and update above if you have new contact information

Name of Pet: _____
 Call Name: _____
 Breed: _____ Sex: _____ Age: _____

First Date of Injury, Illness or Condition: _____

Please provide a brief description of illness/injury/condition:

POLICYHOLDER DECLARATION: I confirm that all details provided herein are true and accurate. I understand that I am financially responsible to the Veterinarian for the entire treatment. 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 the examination, history, treatment and prognosis with respect to any condition. I understand that all charges from my Veterinarian may not be covered or may exceed my plan benefits.

 Policyholder Signature (REQUIRED)

 Date

SECTION -2- Please have your Veterinarian provide information pertaining to the invoices submitted with this claim.

THIS SECTION TO BE COMPLETED BY THE VETERINARIAN (REQUIRED)

Date of Treatment	Treatment	Diagnosis
_____	_____	_____
_____	_____	_____
_____	_____	_____

• Length of time pet has been registered at your practice? _____ • Has the pet been treated for a related problem? **Yes/No**

If yes, please provide detailed information of the treatment or any related conditions:

Name and phone number of previous or referring Veterinarian: _____

VETERINARIAN DECLARATION: I certify that to the best of my knowledge all the information contained on this form is correct. I also understand it is a criminal act to assist in the preparation or presentation of a false or fraudulent claim under an insurance policy.

 Signature

 Print Name

 Date

Get it, File it, Send it!!

HOW TO GET A CLAIM FORM

- Download a claim form from www.akcphp.com
- Call Customer Service at 1.866.725.2747
- E-Mail us at customer.service@petpartnersinc.com and request a claim form

HOW TO FILE YOUR CLAIM

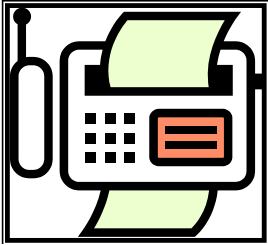
Filing a claim under the **Pet Healthcare Plan** is simple and straightforward.

- Complete Section 1 of the claim form, and have your Veterinarian complete Section 2 (remember, incomplete forms will be returned without processing).
- Include your itemized invoice for all services.
- Submit your claim for reimbursement.
- Once your claim is completed you will receive a claims explanation of benefits explaining how your claim was processed.

**Remember to file your claim form and itemized receipts within the required timely filing limit.

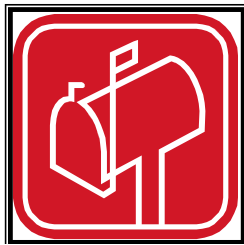
3 EASY WAYS TO SEND FORMS

FAX



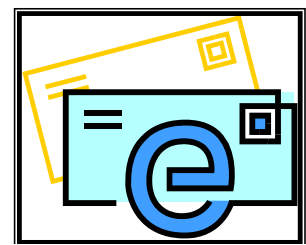
919-859-8193

MAIL



Pet Healthcare Plan
P.O. Box 37940
Raleigh, NC 27627-7940

ELECTRONIC



claims@petpartnersinc.com

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other 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 may subject such person to criminal and civil penalties.