






For office use only

Claim Form

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

<p>How do I submit my form?</p> <p> FAX (no cover sheet necessary) 866-241-7486</p> <p> MAIL 3840 Greentree Ave SW Canton, OH 44706</p> <p> E-MAIL claims@premierpetinsurance.com</p> <p>NOTE: You must submit an itemized invoice with the claim form.</p>	<p>Owner Name: _____</p> <p>Address: _____</p> <p><input type="checkbox"/> check here if this is a new address</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Veterinarian/Clinic Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p>	<p>Insurance Plan Number: _____</p> <p><i>Please include this number on all documents</i></p> <p>Plan Type: (circle one) Basic Plus Platinum Ultimate</p> <p>Pet Name: _____</p> <p>Pet Age: _____</p> <p>Gender: <input type="checkbox"/> male <input type="checkbox"/> female</p> <p>Type of Pet: <input type="checkbox"/> dog <input type="checkbox"/> cat</p> <p>Breed: _____</p>
<p>Need more claim forms?</p> <p> Download forms at: www.premierpetinsurance.com</p>	<p> HAVE A QUESTION? Call us at 1-877-PPI-4670</p>	

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: _____



	HAVE A QUESTION?
	Call us at 1-877-PPI-4670

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

<p>1</p> <p>FAX</p>  <p>866-241-7486 no fax cover sheet necessary</p>	<p>2</p> <p>MAIL</p>  <p>Premier Pet Insurance 3840 Greentree Ave SW Canton, OH 44706</p>	<p>3</p> <p>E-MAIL</p>  <p>claims@premierpetinsurance.com</p>
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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.

Need more claim forms?	
	Download forms at: www.premierpetinsurance.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 Premier Pet Insurance within 180 days after the first treatment of your pet. Please note, certain co-insurance and deductible amounts may apply. Review your plan.