



PET INSURANCE

CLAIM FORM

Please complete the form below with all necessary information and include all relevant invoices for this claim. For fastest reimbursement, ensure that all information is filled out and legible. Claims can be submitted via email, mail or fax.

Questions? Call us at 866-725-2747 or email us at help@akcpetinsurance.com

Pet Information

Policy Number _____

Is the pet insured with another pet insurance company? Yes No

Claim Details

Reason for visit: Wellness Injury/Illness
(Check all that apply)

If injury or illness, when did you first notice the signs or symptoms? _____ Date: _____

Tell us more about the injury or illness:

Your Information

Name _____

Is this a new address or phone number? Yes No

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Submission of this claim form authorizes all veterinarians that your pet has received treatment from to provide us with a copy of your pet's medical records and confirms all information provided is true and accurate to the best of your knowledge and belief. State law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

Submit Your Claim



Email
claims@petpartners.com



By Mail
PO Box 37940
Raleigh, NC 27627



Fax
919.859.8193