

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:	Pol	cy Number:	
	City & State:			
	Email Address:			
☐ Check here and upda	nte above if you have new contact information			
Call Name:				
Breed:		Sex:	Age:	
	ess or Condition:description of illness/injury/condition:			
the omission of any ma company and its authori records as to the exam	narian for the entire treatment. I also understand that aterial facts may result in the denial of the claim a zed representatives to review and obtain a copy of a ination, history, treatment and prognosis with resp covered or may exceed my plan benefits.	and/or the cancellati all records including	on of coverage. I authorize the insuring the insurance claim records and medical	
Policyholder Signature (REQUIRED)	 Date		
SECTION -2- Please	have your Veterinarian provide information pert	aining to the invoic	es submitted with this claim.	
THIS SECTION TO BE COMPLETED BY THE VETERINARIAN (REQUIRED)				
			(REQUIRED)	
Date of Treatment	Treatment	Diagr	,	
Date of Treatment	Treatment		,	
Date of Treatment	Treatment		,	
	Treatment been registered at your practice?	Diagr	nosis	
• Length of time pet has		Diagr	nosis	
• Length of time pet has	been registered at your practice?	Diagr	nosis	
• Length of time pet has	been registered at your practice?	Diagr	nosis	
• Length of time pet has If yes, please provide d	been registered at your practice?	• Has the pet been to	reated for a related problem? Yes/No	
Length of time pet has If yes, please provide d Name and phone number VETERINARIAN DEC	been registered at your practice?etailed information of the treatment or any relate	• Has the pet been to d conditions:	reated for a related problem? Yes/No	
Length of time pet has If yes, please provide d Name and phone number VETERINARIAN DEC	been registered at your practice?etailed information of the treatment or any relate er of previous or referring Veterinarian:	• Has the pet been to d conditions:	reated for a related problem? Yes/No	

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.

3 EASY WAYS TO SEND FORMS

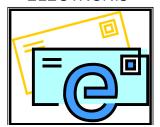


919-859-8193

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.

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