

PET HEALTHCARE PLAN

BOARDING FFES VERIFICATION OF HOSPITALIZATION

In the event that you are filing a claim for boarding reimbursement, please submit a completed Claim Form along with the itemized boarding invoice and this verification of hospitalization.

Length of hospitalization: From _____ to _____

Was this procedure elective? _____

Name and address of licensed facility: _____

Facility telephone number: _____

Invoice attached: Yes No

Submitted by:

Policyholder: _____

Policy Number: _____

Pet's Name: _____

Date: _____ Policyholder Signature: _____

We will reimburse you the cost of boarding your listed Pet at a licensed facility or for home care up to \$25.00 per day, not to exceed the maximum benefit amount of \$250.00 per policy if **you** are hospitalized for more than **48 hours** and neither you nor any member of your family or household is able to care for the pet. There is no coverage for boarding if you are hospitalized for elective procedures, cosmetic procedures, pregnancy, or birth related incidents. Boarding benefit is subject to deductible and coinsurance and begins on the first inpatient day.

Mail, Email or Fax completed form and all attachments:

Pet Healthcare Plan

P.O. Box 37940

Raleigh, NC 27627

Email: claims@petpartnersinc.com

Fax: 1-919-859-8193