


For office use only

Claim Form

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

6/09

How do I submit my form?

-  **FAX**
(No Coversheet Necessary)
866-888-2495
-  **MAIL**
3840 Greentree Ave SW
Canton, OH 44706
-  **E-MAIL**
claims@aspcapetinsurance.com

NOTE: You must submit an itemized invoice with the claim form.

*Please choose only one method. Duplicate claim submissions may delay processing.

Need more claim forms?

 Download forms at:
my.aspcapetinsurance.com

Owner Name: _____

Address: _____

Check here if this is a new address.

Phone: _____ Please do not enter hyphens.

E-mail: _____

Veterinarian/Clinic Name: _____

Address: _____

Phone: _____ Fax: _____

Please do not enter hyphens.

Insurance Plan Number: _____

Please include this number on all documents.

Plan Type: _____

Pet Name: _____

Pet Age: _____

Gender: Male Female

Type of Pet: Dog Cat

Breed: _____



HAVE A QUESTION?

Call us at 1-866-204-6764

2 Diagnosis/Treatment Information Please use one form per pet, per accident or illness.

Diagnosis/Nature of Condition(s)	Dates of Treatment		Total Amount Claimed
	from MM/DD/YY	to MM/DD/YY	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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):

maximum characters 450

3 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: _____



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 3 parts.
4. Mail, fax or e-mail the claim form along with a copy of the invoice.

3 Easy Ways To Submit a Form

1

FAX



866-888-2495

no fax cover sheet necessary

2

MAIL



ASPCA Pet Health Insurance
3840 Greentree Ave SW
Canton, Ohio 44706

3

E-MAIL



claims@aspcapetinsurance.com

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 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.
- If you have a great story about how ASPCA Pet Health Insurance helped pay for your pets' care, please visit us at my.aspcapetinsurance.com to share your story.

Need more claim forms?



Download forms at:
my.aspcapetinsurance.com

IMPORTANT NOTICE

Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Notice to Arizona Claimants: For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to California Claimants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Claimants: It is unlawful to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Hawaii Claimants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Notice to Idaho Claimants: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete, or misleading information is guilty of a felony.

Notice to Kentucky Claimants: 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 subjects such person to criminal and civil penalties.

Notice to Oklahoma Claimants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to Pennsylvania Claimants: 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 subjects such person to criminal and civil penalties.

Notice to Texas Claimants: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.