



☐ Wellness Claim ☐ Accident or Illness Claim

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ONLY VETERINARY STAFF TO COMPLETE. SKIP SECTION IF THIS CLAIM IS FOR WELLNESS ONLY.

INVOICE AMOUNT

\$00000

\$ 0 0 0 0 0

\$ 0 0 0 0 0

HOSPITAL STAMP

Stamp not required for wellness items purchased outside of your veterinary hospital.

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NEW MAILING ADDRESS?

The current mailing address we have for you is

54300 County Road 48
Southold, NY, 11971

If your mailing address has changed, please log in to MyEmbrace or give us a call (800) 511-9172.

I DO SOLEMNLY SWEAR

By submitting this claim form you certify that the information given on this form is truthful, accurate, and complete. I understand that deliberate misrepresentation of my pet's condition or the omission of any material facts may result in the denial of a claim and/or the cancellation of the insurance. I authorize any veterinary hospital or veterinarian to provide to the insurer any details it may require to complete this claim.

claims@embracepetinsurance.com
Limit attachments to 5 Mb.

Send this claim form and **all pages of all invoices**. You have until 01/19/2019 to submit all claims occurring between 11/21/2017 and 11/20/2018.

STATE-MANDATED 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.