

**Petco** 1208 Massillon Rd. Suite G 200 Akron, OH 44306 1-833-898-7387

# **Explanation of Benefits**

Please retain for your records.

HENRY DELGADO 32 MINNESOTA AVE BAYSHORE NY 11706-5733

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Customer Name:

Henry Delgado

Claim Number:

2801605

Check Number:

N/A

Date Printed:

February 23, 2021

**Claim Details** 

Claim Number:

2801605

**Charged Amount:** 

\$78.00

Allowed Amount:

\$0.00

Base Deductible:

\$0.00

Paid Amount:

\$0.00

**Coverage Details** 

Insured Pet:

Pearl

Account Number:

PTC6959318

Coverage Type:

Accident and Illness

Plan Period:

January 10, 2021 - January 10, 2022

#### Track your claims online 24/7

You can check the status of your claim easily online by signing into our free Member Center at www.petcoinsurance.com.



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EXCLUDED CODES (applied to this claim)

Please review your policy for a full description of the scope of coverage and exclusions. Refer to page 3 of this statement

- This item is not covered by the plan.
- There is a 14 day Waiting Period for coverage of Illnesses and ligament and knee conditions when starting a new plan. Conditions which manifest during this time are not eligible for coverage.

#### **DEFINITIONS**

Incident - All treatments for an illness or injury including related, secondary or resultant illnesses or injuries regardless of whether the illness or injury requires multiple treatments.

Illness - A sickness, disease or medical condition not caused by an Accident or Injury, or Behavioral Problem.

Injury means bodily harm caused by an accident occurring while this Policy is in force.

Occurrence - When signs or symptoms related to a Condition first become obvious, including when Your Pet first shows signs or symptoms related to a Condition that a Veterinarian could have diagnosed or treated.

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### **EXPLANATION OF BENEFITS**

Please retain for your records.

Claim Number: 2801605 Questions about this Claim? Call 1-833-898-7387

Claim Number: 2801605 Pet Name: Pearl Provider(s) of Service: Bay Shore Animal Hospital

Accident and Illness (Base)								
COVERAGE	Incident	Service Date Service Description	Charged	Allowed	<b>Exclusion Code</b>			
Accident and Illness	Illness	02/22/2021 Professional Services	\$78.00	\$0.00	51,25			
		Total	\$78.00	\$0.00				
		Plan Deductible		\$0.00				
		Subtotal		\$0.00				
		Percent Covered by Insurance		70.00%				
		Amount Paid by Insurance		\$0.00				