Embrace Claim Form

For Alan Turing the Labrador Retriever

Anna Brezhneva (Policy EP0010-2237)



I want you to process my:	☐ Wellness Claim	n 🗌 Accident	or Illness Claim	
Tell us more about your pet only veterinary staff to complete. Skip section		WELLNESS ONLY.		
REASON FOR VISIT or CAUSE OF ACCIDENT Explain why procedure was performed.	M, M, D, D, Y, Y	DATE OF SERVICE M, M, D, D, Y, Y M, M, D, D, Y, Y	INVOICE AMOUNT Dollars only. \$ 0 0 0 0 0 0 0	
DOCTOR'S NOTES		CLINIC OR HOSPITAL	. STAMP	
Attach invoices and submit		Stamp not required for well outside of your veterinary c		
Attach invoices and submit 800-238-1042	I DO SOLEMNLY By submitting this	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. CHANGED MAILING ADDRESS? The current mailing address we have for you is 1380 Oak Creek Dr Apt 308 Palo Alto, CA, 94304		
MAIL Embrace Pet Insurance Claims Dept PO Box 22188 Beachwood, OH, 44122-0188	that deliberate m omission of any m and/or the cancell hospital or vetering			
EMAIL claims@embracepetinsurance.com Limit attachments to 5 Mb.	The current mailing			
WHAT YOU MUST SEND US Send this claim form and all pages of all invoices. You have until 07/03/2017 to	If your mailing add	ress has changed write i	it in the box below.	

STATE-MANDATED FRAUD WARNING

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.