

☐ Accident or Illness Claim

2 Tell us more about your pet's visit

INVOICE AMOUNT

\$ 0 0 0 0 0

\$ 0 0 0 0 0

CLINIC OR HOSPITAL STAMP

Stamp not required for wellness items purchased outside of your veterinary clinic

3 Attach invoices and submit your claim

800-238-1042

Embrace Pet Insurance Claims Dept
PO Box 22188
Beachwood, OH, 44122-0188

claims@embracepetinsurance.com
Limit attachments to 5 Mb.

Send this claim form and **all pages of all invoices**. You have until 07/03/2017 to submit all claims occurring between 05/05/2016 and 05/04/2017.

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.

The current mailing address we have for you is

1380 Oak Creek Dr Apt 308
Palo Alto, CA, 94304

If your mailing address has changed write 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.