



Claim Form

Please submit this completed form with your itemized invoice
Claim questions? Call 1-877-738-7237

Want faster service? Your account at www.petsbest.com offers faster claims processing—no claim form required!

Helpful Tips:

- We may request medical records on your behalf for first-time or early policy life claims
- Please do not staple, write on, highlight, or cover itemized invoices as this may delay your claim
- If veterinary pre-paid services are packaged, please obtain an itemized invoice

1 TREATMENT INFORMATION

Pet Name:

Policy Number:

Why did you take your pet to the veterinarian? (Please list the diagnosis if known)

2 YOUR INFORMATION

Please check here if your information has changed below

Name:

Phone:

Email:

3 POLICYHOLDER DECLARATION

I confirm to the best of my knowledge that all statements provided on this form are true. I hereby give Pets Best authorization to request any and all medical records or financial information for the claimed pet and authorization to discuss the details of this claim with the treating veterinarian or their authorized representative.

FRAUD WARNING: I certify that I have read and understand the applicable Fraud Warning listed on page 2 of this form.

X

Policyholder Signature is Required

Date

4 SUBMIT YOUR CLAIM

Dislike mailed checks? Sign up for direct deposit of your claims reimbursements in your Customer Account online!



E-MAIL

claims@petsbest.com

Snap a photo of your documents using your smartphone



The submission methods below don't require this form:



ONLINE UPLOAD

petsbest.com/customerportal

PETS BEST iPhone APP

Download from the App Store

Other Claim Submission Methods: Fax us at 866-777-1434 or Mail your claim to 965 Keller Road, Altamonte Springs, FL 32714

Insurance plans offered and administered by Pets Best Insurance Services, LLC are underwritten by Independence American Insurance Company (IAIC) or American Pet Insurance Company (APIC).