



# NATIONWIDE® PET INSURANCE CLAIM FORM

Skip this form; scan the QR code  
to submit your claim online



Thanks for being a great pet parent!



## 1. Tell us about you and your pet

Policy number \_\_\_\_\_ Your pet's name \_\_\_\_\_

Your name \_\_\_\_\_

Need to update your contact info? Log in to your account at [my.petinsurance.com](http://my.petinsurance.com).

## 2. Why did your pet visit the vet? Check all that apply.

Preventive visit (ex. annual checkup, vaccinations, flea control)

### Injury or Illness

Skin allergies

Bladder or urinary tract disease

Skin infection

Vomiting/upset stomach

Dental disease (ex. tooth infection)

Ear infection

Diarrhea/intestinal upset

Non-cancerous skin mass

Arthritis

Medication refill (What is it treating?) \_\_\_\_\_

Other (please specify)

What part of your pet's body was affected? \_\_\_\_\_

## 3. What invoice(s) are you submitting today?

Date(s) \_\_\_\_\_ \$ \_\_\_\_\_

Date(s) \_\_\_\_\_ \$ \_\_\_\_\_

Date(s) \_\_\_\_\_ \$ \_\_\_\_\_

Please send final invoices that:

- Show a breakdown of services provided
- Are legible
- Are not estimates

Pet parent signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this claim form, I confirm that to the best of my knowledge the information I have provided is true and correct.  
I authorize the release of my pet's medical records to Nationwide.

## 4. Send us your claim and invoices (choose one method only)

[submitmyclaim@petinsurance.com](mailto:submitmyclaim@petinsurance.com)

PDF, DOC, JPG, TIFF or BMP files less  
than 10MB total

**Nationwide Claims Dept**

PO Box 183143  
Columbus, OH 43218-3143

**Fax**

714-989-5600

**Want to submit your claim  
online?**

Log in to  
[my.petinsurance.com](http://my.petinsurance.com) to  
submit and track claims.

# FAX ONLY THE FRONT PAGE OF THIS CLAIM FORM

DO NOT PAPERCLIP OR STAPLE ANYTHING THAT MAY COVER PART OF YOUR CLAIM FORM OR INVOICE

## **Have you included everything we need to process your claim?**

Ask your veterinarian's office for copies of your pet's treatment records and submit them with your claim. Treatment records and lab results help us process your claim faster, especially if your pet was treated for more than one condition, stayed overnight at the hospital or did not have a definite diagnosis.

## **Want to track the status of your claim?**

Log on to my.petinsurance.com and click "View Claims History." The status of faxed or mailed claims will be available 72 hours after they are received.

## **Need more claim forms?**

Log on to my.petinsurance.com and click on the "Pre-Filled Claim Form" link. Have claim forms handy when you need them. Keep extra copies:

- At home, with other pet-related documents
- In your glove compartment
- On file at your veterinarian's office

## **Have any questions?**

Contact a Member Care representative toll free at 800-540-2016 Monday through Friday 5:00 a.m. to 7:00 p.m. or Saturday 7:00 a.m. to 3:30 p.m. (Pacific).

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**Attention Alabama Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **Attention**

**Alaska Residents:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. **Attention Arizona Residents:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **Attention**

**Arkansas Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Attention Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **Attention District of Columbia Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Attention Delaware Residents:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Attention Idaho Residents:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. **Attention Indiana Residents:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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. **Attention Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention Maine Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Attention Maryland Residents:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention Minnesota Residents:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **Attention New Hampshire Residents:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. **Attention New Jersey Residents:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**ATTENTION NEW MEXICO RESIDENTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. **Attention New York Residents:** 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 \$5,000 and the stated value of the claim for each such violation. **Attention Ohio Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Attention Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Attention Pennsylvania Residents:** 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 subjects such person to criminal and civil penalties. **Attention Rhode Island Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Attention Texas Residents:** Any person who knowingly presents a 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. **Attention Virginia Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Attention Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. **Attention West Virginia Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.