



Claim Form

PLEASE INCLUDE YOUR PET'S MEDICAL RECORDS TO HELP EXPEDITE PROCESSING.

1 General Information

Please fill out this form completely. Incomplete forms will delay processing.

Your Information

☐ Check here if this is a new address

Name:

Address:

City, State, Zip:

Phone:

Email:

Pet Information

Account Number:

Name:

Breed:

Age:

Gender:

2 Diagnosis/Symptom Information



HELP US! By providing the "Story of Occurrence/Diagnosis," you will help us avoid delays in processing your claim.

Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it.

This claim is related to: ☐ Accident ☐ Illness ☐ Wellness

Is this claim an estimate for future treatment? ☐ Yes ☐ No

Total amount claimed:

Date illness/injury first occurred:

Send payment to: ☐ Me ☐ Veterinarian

Veterinarian:

Clinic Name:

Phone:

Fax:

Did any other veterinarian treat your pet?: ☐ Yes ☐ No

Is this a new condition?: ☐ Yes ☐ No

3 Pet Owner Declaration

I confirm to the best of my knowledge the above statements are true in every respect. I understand that the fees listed may not be covered or may exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim cannot be adjusted without itemized receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or the cancellation of coverage. I authorize United States Fire Insurance Company and its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination, history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these entities to disclose identifying information about me and my pet, as well as information about my claim experience, to my veterinarian.

Signature of Pet Owner:

Date:

Please read IMPORTANT NOTICE document that follows for additional information.

4 3 Easy Ways to Submit a Claim Form - You must submit an itemized invoice with this claim form.

E-Mail:

claims@aspcapetinsurance.com
scan and attach your receipts

Fax:

1-866-888-2495
no cover sheet necessary

Mail:

ASPCA Pet Health Insurance
1208 Massillon Rd. Suite G 200
Akron, Ohio 44306

* Please choose only one method. Duplicate claim submissions may delay processing.