



## 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

#### Pet Information

Name:

Account Number:

Address:

Name:

City, State, Zip:

Breed:

Phone:

Email:

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

Veterinarian:

Is this claim an estimate for future treatment?  Yes  No

Clinic Name:

Total amount claimed:

Phone: Fax:

Date illness/injury first occurred:

Did any other veterinarian treat your pet?:  Yes  No

Send payment to:  Me  Veterinarian

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

#### E-Mail:

claims@aspacetpetinsurance.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.