



**Nationwide®**  
is on your side

## NATIONWIDE® PET CLAIM FORM

Fill out one claim form per pet. Submit itemized, legible invoices. Incomplete claim submissions may result in delay of processing your claim.

No. of pages: \_\_\_\_

### 1 MEMBER INFORMATION

**POLICY NUMBER:**

**PET NAME:**

**NAME:**

**ADDRESS ON FILE:**

☐ **UPDATE CONTACT INFO** write new information below\*

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**EMAIL:**

\*YOU CAN ALSO UPDATE YOUR CONTACT INFO ON YOUR **NATIONWIDE** PET ACCOUNT ACCESS PAGE AT [MY.PETINSURANCE.COM](http://MY.PETINSURANCE.COM)

### 2 CLAIM DETAILS

**REASON FOR VISIT, CHECK ALL THAT APPLY:**

☐ **WELLNESS SERVICES**

☐ **INJURY OR ILLNESS** - Write the diagnosis in the box below.

**TREATMENT DATE(S):**

**FROM:**

**TO:**

**WHAT INJURY OR ILLNESS DID YOUR VETERINARIAN DIAGNOSE?**

**HOSPITAL/CLINIC NAME:**

A diagnosis is the medical condition treated. Please do not list symptoms (for example limping, lameness or infections are symptoms of injuries or illnesses). Your veterinarian can help you with the diagnosis. Include a copy of your pet's treatment records and lab results for this visit if there is more than one diagnosis being treated, your pet stayed at the hospital overnight, or the diagnosis has not been determined. Please do not write "See Attached" or list services shown on your invoice.

### 3 INVOICE(S) TOTAL

\$

You must submit itemized invoices with your claim form.  
Do not send estimates.

### 4 MEMBER SIGNATURE and DATE

X

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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.

### 5 SUBMIT CLAIM FORM and INVOICE(S)

Please submit your claim by one method only.

Duplicate claim submissions will delay claim processing.

**ONLINE:** [www.petinsurance.com/submit-claim](http://www.petinsurance.com/submit-claim)

**FAX:** (714) 989-5600 *No cover sheet necessary.*

**MAIL:** **Nationwide Claims Department**  
**PO Box 2344**  
**Brea, CA 92822-2344**

**NATIONWIDE CLAIMS DEPT NOTES ONLY**

# 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 the Nationwide Pet Account Access page at [my.petinsurance.com](https://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 your account at [my.petinsurance.com](https://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 Customer 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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