



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

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 the 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

/ /

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.

FAX

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

-----OR-----

MAIL

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

NATIONWIDE CLAIMS DEPT NOTES ONLY

16RET3910A

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

Do you have everything we may need?

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 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 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, Mon-Fri from 5:00 a.m. to 7:00 p.m. or Sat from 7:00 a.m. to 3:30 p.m. (Pacific Time).

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 will subject the person to criminal and civil penalties, which may include imprisonment, fines or a denial of insurance benefits.

Not applicable in Nebraska and Vermont.

Attention Arkansas 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 California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents 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 Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 Maine Residents:** Maine Law requires us to advise you of the following regulation per title 24-A Section 2186 (3): 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 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 Oregon Residents:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.

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 Utah Residents:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.