

VETERINARY FEE CLAIM FORM

SUBMIT A CLAIM

CUSTOMER PORTAL: Upload photos through [My Account](#) or **EMAIL:** claims@petlineinsurance.com

1 ABOUT YOU AND YOUR PET (affix a label if you have one)

Customer Number		Pet's name	
Name		Pet's date of birth (mm/dd/yyyy)	
Address		<input type="checkbox"/> Please check if new address	Type of pet <input type="checkbox"/> Dog <input type="checkbox"/> Cat
			Sex <input type="checkbox"/> M <input type="checkbox"/> F
		Breed	
Cell phone	Home phone	Is your pet covered under another insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email			

QUESTIONS?

Contact us at 1.800.581.0580 or info@petlineinsurance.com

! Claims cannot be processed without a completed claim form and itemized receipts.

2 ABOUT THE ILLNESS OR INJURY (to be completed by an authorized veterinary clinic employee)

Why did the animal visit the veterinary clinic today? (include symptoms, diagnosis, illness or injury, if possible)	Is this related to a previously noted condition?	When did you first notice signs of the accident/illness?
<i>Example: vomiting, diagnosis – gastroenteritis</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>starting 3 days ago</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did this claim result in the death of the pet? Yes No

If yes, date of death (mm/dd/yyyy)

I have checked the information on this claim. It is true and accurate and consistent with patient medical records held within this veterinary practice.

Name of clinic employee

Signature of clinic employee

mm dd yyyy

Practice stamp or practice name

3 CUSTOMER DECLARATION

By signing this claim form, I agree that the information provided is complete and accurate. I recognize that not all fees may be eligible for coverage or may exceed my plan coverage limits. I understand this claim may be limited to fees no greater than the amount specified by the Provincial Fee Guide. I acknowledge that I am financially responsible to my veterinarian for the entire treatment cost regardless of claim amounts paid by Petline Insurance Company. I authorize my veterinarian or other parties to release all medical records and pertinent history for this pet and to confirm any details as requested. I understand that the information provided about this pet will be used for claims adjudication and any related processes necessary for the administration of my plan. (See "Important notes" for more on privacy policy).

Signature of customer

mm dd yyyy

* There are time limitations on submitting claims. Claims must be submitted **within 6 months of the date of treatment.**
 For cancelled policies, claims must be submitted **within 60 days of cancellation.**

The submission of a fraudulent claim is a criminal offense. The submission of a false or exaggerated claim may also result in the termination of your insurance policy, and other actions as permitted by law.

Please turn over

SIMPLE STEPS TO MAKE A CLAIM

1. Take your pet to any licensed veterinarian for diagnosis and treatment.
2. Pay your veterinary bill in full and have an authorized vet clinic employee complete section 2 of this claim form.
3. Fill out sections 1 and 3 of this claim form. Remember to sign your form!
4. Attach your detailed receipt(s) or original invoice to the claim form.
5. Submit your completed claim form and receipts by:

CUSTOMER PORTAL: Upload photos through [My Account](#)

EMAIL: claims@petlineinsurance.com

(When emailing attachments, please send **PDF** or **JPG** formats)

MAIL: Petline Insurance Company
301-600 Empress Street
Winnipeg, MB R3G 0R5

FAX: 1-866-501-5580

Call us at **1.800.581.0580** or email us at info@petlineinsurance.com if you have any questions.

IMPORTANT NOTES

- Please retain a copy of your complete claim form and receipts for your records.
 - Please use one claim form per pet.
 - Issuance or completion of this form does not acknowledge liability on behalf of Petline Insurance Company.
 - Claims received that are incomplete or missing information may not be processed until we have received all of the required information.
 - The deliberate misrepresentation or omission of any material facts may result in the denial of the claim and/or cancellation of the policy.
 - Your privacy is important to us. Should you have any questions as to the collection, use, or disclosure of your personal information, please see our privacy policy at www.petlineinsurance.com/pdf/Privacy_Statement.pdf or contact us directly at 1.800.581.0580 or info@petlineinsurance.com.
- ! For a faster claim reimbursement, switch to direct deposit.
- You can edit your Claim Payment Method in your Customer Portal or contact us.

COVERAGE DETAILS

We will reimburse you for the costs of any services or treatment your pet has received for any accident or illness eligible for coverage on your plan.

You are responsible for:

- The co-insurance amount applicable to your policy.
- The deductible amount applicable to your policy.
- The costs of any services or treatment your pet has received for any conditions not eligible for coverage on your plan including conditions that started or showed symptoms before your pet's policy started or during any applicable waiting periods.
- Any condition shown as an exclusion on your policy.
- Uninsured items (i.e. toys, treats, etc.)

Please see your Policy Wordings document for full details.



Visit petlineinsurance.com for a full list of underwritten brands.

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