



# Claim Form

Underwritten by Northbridge General Insurance Corporation

**INSTRUCTIONS:** Please complete ALL sections on this form and submit with your paid itemized invoice and pet's medical history. Only one claim form per pet. A new completed claim form is required with every claim submission. A complete veterinary medical history (records) from both current and previous veterinary clinics is required to process your pet's first claim. Follow the Claims Checklist to avoid delays in processing.

## Claims Checklist

- Complete Section 1 About You and Your Pet
    - Include your Policy Number and Contact Information
  - Review your Policy Documents and Terms and Conditions regarding available coverage and limits applicable to your policy
  - Have the treating veterinarian complete Sections 2, 4 and 3 if applicable.
  - Complete Section 3 Payment Details
  - Sign your claim form in Section 4: Declarations
  - Attach detailed paid invoices for condition(s) you are claiming for
- \*Missing information, signatures, or required supporting documents will result in delays in processing your claim*

- Medical Records Include:**
- Detailed examination or SOAP notes
  - Lab/pathology/radiology reports
  - Medical reports from referral or emergency hospitals  
*Transaction histories and invoices are not accepted*

- Invoices Must Be:**
- Detailed and Itemized indicating the cost and treatment
  - Paid, unless reimbursement is to be made and agreed to by the veterinarian *Account Summaries are not accepted*

## SECTION 1A: Your Pet's Information

**Policy Number:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_

**Species:**  Dog  Cat **Breed:** \_\_\_\_\_

**Age:** \_\_\_\_\_

## SECTION 1B: Your Information

**Your Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

Check here if there has been a change to your address or phone number

## SECTION 2: About Your Claim To be completed by the treating licensed Veterinarian

Diagnosis	Date of first clinical signs and symptoms (as noted by you, the client or the pet's medical record)	Total amount being claimed:	Has this medical condition been treated previously?
List each separate diagnosis clearly			
1	MM   DD   YY	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> When: MM   DD   YY
2	MM   DD   YY	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> When: MM   DD   YY
3	MM   DD   YY	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> When: MM   DD   YY

**Veterinarian Notes** Please also attach veterinary history, radiology, pathology reports, and consultation notes where applicable

**Pet's Weight:** \_\_\_\_\_  KG  LB **Body Condition Score (BSC):** \_\_\_\_\_  1-5 Scale (1=Emaciated, 5=Obese)  1-9 Scale (1=Emaciated, 9=Obese)

**When was this pet registered with your practice?** MM | DD | YY

**If this pet was referred to you, please give the name of the referring practice:** \_\_\_\_\_

## SECTION 3: Optional Direct Deposit Payment Details

**PLEASE MAKE DIRECT PAYMENT TO** (select one):

**Policyholder**

**Veterinarian/Veterinary Clinic**

- For payment to be made directly to the veterinary clinic, a completed Pay to Clinic form is required.
- The selected party must enter their bank details in the section below to receive a direct deposit regardless of whether they match those used for billing of premiums.
- If direct deposit details have not been received and/or if a direct deposit payment is unsuccessful, a cheque for all payable treatment expenses will be sent via regular postal service.
- Note: direct deposit payment is independent from premium billing and will not affect your method of payment for policy premiums.

**Name of Account Holder:**

**Name of Bank:**

**Account Number:**

**Routing Number:**

Please select one from the following options:

- I authorize present and future claim reimbursements to be deposited into the above account when Direct Deposit has been selected.
- I have previously provided my banking information. I authorize eligible claims reimbursement to be deposited into this bank account.
- Provide claim reimbursement in the form of a check.

## SECTION 4: Declarations

### Policyholder Declaration

I declare that my veterinarian recommended the treatment for which I am claiming. The veterinary clinic has completed Section 2 and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinarian may provide information that the company may require to verify a claim. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

### Veterinarian Declaration

I declare that diagnosis and particulars given in Section 2 in regards to the treatment of this pet are correct to the best of my knowledge and belief. I agree to provide information that the company may require to verify a claim. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

\_\_\_\_\_  
**Signature of Policyholder**

Date:      |      |       
MM DD YY

\_\_\_\_\_  
**Signature of Veterinarian**

Print Veterinarian Name:

Date:      |      |       
MM DD YY

**Please submit completed claims by:**

**Mail**  
710 Dorval Drive, Suite 400  
Oakville, Ontario L6K 3V7

**Email**  
medicals@pethealthinc.com

**Fax**  
1.866.368.7387

**Questions:**  
Call our Customer Care Unit at  
1.866.597.2424

**CLINIC STAMP**

