ONTARIO SPCA AND HUMANE SOCIETY | Pet Insurance

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 List each separate diagnosis clearly	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?
1	MM / DD / YY	$	Yes ☐ No ☐ When: MM / DD / YY
2	MM / DD / YY	$	Yes ☐ No ☐ When: MM / DD / YY
3	MM / DD / YY	$	Yes ☐ No ☐ 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)**:**

☐ **Policy Holder** ☐ **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:

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.

Signature of Policyholder

Date: ____ | ____ | ____
MM DD YY

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 Veterinarian

Print Veterinarian Name:

Date: ____ | ____ | ____
MM DD YY

Please submit completed claims by:

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

Email
claims@ospcainsurance.ca

Fax
1.866.368.7387

Questions:
Call OSPCA Claims at
1.866.600.2445

CLINIC STAMP

ONTARIO SPCA AND HUMANE SOCIETY
PROTECTING ANIMALS SINCE 1873

Pet Insurance®