



CLAIM FORM

Please complete the form below with all necessary information and include all relevant invoices for this claim. For fastest reimbursement, ensure that all information is filled out and legible. Claims can be submitted via the portal, email, mail or fax.

Questions? Call us at 800-956-2495 or email us at mypolicy@petpartners.com

Pet Information

Pet Name _____
Certificate Number _____

Has your pet ever been insured with another company other than PetPartners? Yes No
If yes, please state the insurer name(s) in the box below.

Claim Details

Reason for visit: Wellness Injury/Illness If injury or illness, when did you first notice the signs or symptoms? _____ Date: _____
(Check all that apply)

Tell us more about the injury or illness:

Your Information

Name _____ Is this a new address or phone number? Yes No
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Submission of this Claim Form authorizes all veterinarians that your pet has received treatment from to provide us with a copy of your pet’s medical records and confirms all information provided is true and accurate to the best of your knowledge and belief. State law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

Submit Your Claim



Email
myclaims@petpartners.com



By Mail
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Raleigh, NC 27627



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919.859.8193