



# Claim Form



### Policyholder Checklist:

- Review Policy Documents and Terms and Conditions to see if coverage is available for the current condition being claimed
- Detailed invoices for condition(s) being claimed are attached
- Claim form is **fully** completed by both you and your veterinarian
- Complete medical history is attached if not previously submitted

Policy # \_\_\_\_\_

Policy Name \_\_\_\_\_  
(eg. QuickCare/QuickCare Gold)

### **Part 1 – To be completed by the policyholder (please print)**

*Please refer to your Policy Terms and Conditions for the time limitation on submitting claims.*

Policyholder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please tick if there has been a change of address:**

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female Breed: \_\_\_\_\_

*To the best of my knowledge, the following statements are true in every respect and I have abided by all of the Policy Terms and Conditions. I understand that any misrepresentation or omission of any material fact can result in denial of the claim. Please refer to the back of this form for the Fraud Warning applicable to your home State.*

Signature of Policyholder: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

### **Part 2 – To be completed by the Veterinary Clinic ONLY**

*Please list the medical illness/Accident for which the policyholder is making a claim:* \_\_\_\_\_

Date accident occurred or symptoms of illness were first noted: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

Has this pet received treatment for this Illness/Accident in the past?  Yes  No If YES, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

Pet's Weight: \_\_\_\_\_  Kg.  Lbs Body Condition Score (BCS): \_\_\_\_\_  1-5 Scale (1 = emaciated 5 = Obese)  
 1-9 Scale (1 = emaciated 9 = Obese)

Was this accident or illness fatal?  Yes  No

*If claiming for Accidental Death Benefits, please include a statement from a witness or attending veterinarian and a receipt for the original purchase price of the pet. Please refer to the Policy Terms and Conditions for further details.*

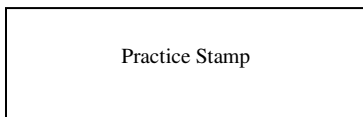
Has this pet had an annual physical examination in the past 12 months, and is up to date on all recommended vaccinations?  Yes  No

How long has this pet been a client of your clinic?  Less than 18 months  More than 18 months

*I confirm that to the best of my knowledge, the above statements are true in every respect.*

Signature of Attending Veterinarian: \_\_\_\_\_ D.V.M. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

Name of Veterinarian: \_\_\_\_\_



**Please forward the completed claim form and receipts to:**  
QuickCare Pet Insurance Toll-Free: 1-866-600-3354  
P.O. BOX 2150 Fax: 1-866-369-7387  
Buffalo, NY 14240-2150 [www.petsurance.com](http://www.petsurance.com)

**Reminder! A healthy pet is a happy pet and to ensure that your PetCare insurance policy remains in force, your pet must receive an annual physical exam by the licensed Veterinarian of your choice.**

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, District Of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties. In DC, LA, ME, TN and VA insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Delaware, Florida and Idaho**

Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading is Guilty of a Felony. \*

\*In Florida – Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

**WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.