



# VPI PET INSURANCE CLAIM FORM

NO COVER SHEET NECESSARY. Fax to: 714-989-5600

No. of pages: \_\_\_\_\_

**Take this form to your veterinarian to complete Section 2. Veterinarian's signature not required.**

## 1 POLICYHOLDER INFORMATION

**POLICY NO:**

**PET NAME:**

BREED:

AGE:

**NAME:**

ADDRESS:

CITY:

STATE: ZIP:

PHONE (H):

PHONE (B):

EMAIL:

**2 Fill in below. ONE CLAIM FORM PER PET.** You must submit itemized receipts. You must provide us with veterinary medical records when we request them. Claims that are NOT COMPLETE or MISSING itemized, legible receipts or invoices may be delayed.

WELLNESS TREATMENTS	TREATMENT DATE	HOSPITAL/CLINIC
<input type="checkbox"/> Wellness Exam	/ /	
<input type="checkbox"/> Annual Lab Tests	/ /	
<input type="checkbox"/> Vaccinations	/ /	
<input type="checkbox"/> Dental	/ /	
<input type="checkbox"/> Spay/Neuter	/ /	
<input type="checkbox"/> Heartworm/Flea Medication	/ /	

DIAGNOSIS(ES) Please provide a diagnosis, or a tentative diagnosis, not a description of services performed.	TREATMENT DATE	HOSPITAL/CLINIC
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

## 3 TOTAL AMOUNT SUBMITTED

\$

You must submit receipts for all veterinary service charges. All submitted fees may not be eligible for coverage. Fees that exceed benefit schedule limits are your responsibility.

By signing this Claim Form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize the release of my pet's medical records to Veterinary Pet Insurance Company/DVM Insurance Agency.

## 4 POLICYHOLDER SIGNATURE and DATE

X  / /

**5**  
**FAX:**  
(Preferred Method)  
**714-989-5600**

**OR**

**MAIL:**  
VPI Claims Department  
PO Box 2344, Brea CA 92822  
PLEASE DO NOT USE STAPLES, PAPER CLIPS OR TAPE  
to attach receipts or invoices to your claim form.

Visit the VPI Policyholder Portal at [my.petinsurance.com](http://my.petinsurance.com) to download claim forms, view claims status and more.

VPI DOCUMENT CENTER  
USE ONLY

CLAIMS NOTES (VPI use only)

# Claim Form Check List

- My claim form shows my name, my pet's name and my pet's policy number.
  - The diagnosis box has been filled in with my pet's injury or illness, and/or wellness treatments have been checked off (if applicable).
  - I have included my itemized invoice, which shows my pet's name.
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## **Need More Claim Forms?**

Log on to your account at **my.petinsurance.com** and click on the "Pre-Filled Claim Form" link.

### **Have claim forms handy when you need them. Keep extra copies:**

- ✓ At home, with other pet-related documents
- ✓ In your glove compartment
- ✓ On file at your veterinarian's office

## **Check Your Claim Status Online**

Log on to the VPI Policyholder Portal at **my.petinsurance.com** and click on "View Claims History." The status of faxed claims will be available 24 hours after they have been faxed; the status of mailed claims will be available 24 hours from the date they are received.

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## **Fax OR Mail Your Claim:**

**Fax: 714-989-5600**

**OR**

**Mail: VPI Claims Dept., P.O. Box 2344, Brea, CA 92822**

Please submit your claim via only one method.  
Duplicate claim submissions may delay processing.

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**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.