



NATIONWIDE® PET INSURANCE CLAIM FORM

Skip this form; scan the QR code to submit your claim online



1. Tell us about you and your pet

Policy number _____ Your pet's name _____

Your name _____

Need to update your contact info? Log in to your account at my.petinsurance.com.

2. Why did your pet visit the vet? Check all that apply.

Preventive visit (ex. annual checkup, vaccinations, flea control)

Injury or Illness

- | | | |
|---|---|---|
| <input type="checkbox"/> Skin allergies | <input type="checkbox"/> Bladder or urinary tract disease | <input type="checkbox"/> Skin infection |
| <input type="checkbox"/> Vomiting/upset stomach | <input type="checkbox"/> Dental disease (ex. tooth infection) | <input type="checkbox"/> Ear infection |
| <input type="checkbox"/> Diarrhea/intestinal upset | <input type="checkbox"/> Non-cancerous skin mass | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Medication refill (What is it treating?) _____ | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

What part of your pet's body was affected? _____

3. What invoice(s) are you submitting today?

Date(s) _____ \$ _____

Date(s) _____ \$ _____

Date(s) _____ \$ _____

Please send final invoices that:

- Show a breakdown of services provided
- Are legible
- Are not estimates

Pet parent signature _____ Date _____

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 Nationwide.

4. Send us your claim and invoices (choose one method only)

submitmyclaim@petinsurance.com
PDF, DOC, JPG, TIFF or BMP files less than 10MB total

Nationwide Claims Dept
PO Box 2344
Brea, CA 92822-2344

Fax
714-989-5600

Want to submit your claim online? Log in to my.petinsurance.com to submit and track claims.

FAX ONLY THE FRONT PAGE OF THIS CLAIM FORM

DO NOT PAPERCLIP OR STAPLE ANYTHING THAT MAY COVER PART OF YOUR CLAIM FORM OR INVOICE

Have you included everything we need to process your claim?

Ask your veterinarian's office for copies of your pet's treatment records and submit them with your claim. Treatment records and lab results help us process your claim faster, especially if your pet was treated for more than one condition, stayed overnight at the hospital or did not have a definite diagnosis.

Want to track the status of your claim?

Log on to my.petinsurance.com and click "View Claims History." The status of faxed or mailed claims will be available 72 hours after they are received.

Need more claim forms?

Log on to 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

Have any questions?

Contact a Member Care representative toll free at 800-540-2016 Monday through Friday 5:00 a.m. to 7:00 p.m. or Saturday 7:00 a.m. to 3:30 p.m. (Pacific).

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