

# Veterinary Fee Claim Form

**SUBMIT A CLAIM**

EMAIL: [claims@ovmapetinsurance.com](mailto:claims@ovmapetinsurance.com) or FAX: 1-855-647-7387



## 1 About you and your pet (affix a label if you have one)

Customer number: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_  Please check if new address

Gender:  M  F      Type of pet:  Dog  Cat

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Breed: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you covered under another insurance plan?  Yes  No

**!** *Claims cannot be processed without a completed claim form and itemized receipts.*



### Questions? Contact us at:

1-844-744-6862 or  
[info@ovmapetinsurance.com](mailto:info@ovmapetinsurance.com)

## 2 About the illness or injury (to be completed by an authorized veterinary clinic employee)

Name of each separate diagnosis, or if available, definitive diagnosis or condition  
(or give the clinical signs if a diagnosis has not yet been made) \*

Is the condition the result of an accident?

Date of first clinical signs  
(as noted by you, the client or the pet's medical record)

Name of each separate diagnosis, or if available, definitive diagnosis or condition (or give the clinical signs if a diagnosis has not yet been made) *	Is the condition the result of an accident?	Date of first clinical signs (as noted by you, the client or the pet's medical record)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did any illness or injury being claimed for result in the death or euthanasia of the pet?  yes  no      If yes, date of death: 

mm	dd	yyyy
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I have checked the information on this claim. It is true and accurate and consistent with patient medical records held within this veterinary practice.

Name of clinic employee (please print): \_\_\_\_\_

Signature of clinic employee: 

_____	mm	dd	yyyy
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Practice stamp or print practice name

## 3 Customer declaration

By signing this claim form, I agree that the information provided is complete and accurate. I recognize that not all fees may be eligible for coverage or may exceed my plan coverage limits. I understand this claim may be limited to fees no greater than the amount specified by the Provincial Fee Guide. I acknowledge that I am financially responsible to my veterinarian for the entire treatment cost regardless of claim amounts paid by Petline Insurance Company. I authorize my veterinarian or other parties to release all medical records and pertinent history for this pet and to confirm any details as requested. I understand that the information provided about this pet will be used for claims adjudication and any related processes necessary for the administration of my plan. (See "Important notes" for more on privacy policy).

Signature of customer: 

_____	mm	dd	yyyy
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\* There are time limitations on submitting claims. Claims must be submitted **within 6 months of the date of treatment**. For cancelled policies, claims must be submitted **within 60 days of cancellation**.

**The submission of a fraudulent claim is a criminal offense. The submission of a false or exaggerated claim may also result in the termination of your insurance policy, and other actions as permitted by law.**

Please turn over

## Simple steps to make a claim

1. Take your pet to any licensed veterinarian for diagnosis and treatment.
2. Pay your veterinary bill in full and have an authorized vet clinic employee complete section 2 of this claim form.
3. Fill out sections 1 and 3 of this claim form. Remember to sign your form!
4. Attach your detailed receipt(s) or original invoice to the claim form.
5. Submit your completed claim form and receipts by:

**EMAIL:** [claims@ovmapetinsurance.com](mailto:claims@ovmapetinsurance.com)  
(When emailing attachments, please send **PDF** or **JPG** formats)

**MAIL:** Petline Insurance Company  
301-600 Empress Street  
Winnipeg, MB R3G 0R5

**FAX:** 1-855-647-7387

Call us at **1-844-744-6862** or email us at **[info@ovmapetinsurance.com](mailto:info@ovmapetinsurance.com)** if you have any questions.

### ! Important notes:

- Please retain a copy of your complete claim form and receipts for your records.
- Please use one claim form per pet.
- Issuance or completion of this form does not acknowledge liability on behalf of Petline Insurance Company.
- Claims received that are incomplete or missing information may not be processed until we have received all of the required information.
- The deliberate misrepresentation or omission of any material facts may result in the denial of the claim and/or cancellation of the policy.
- Your privacy is important to us. Should you have any questions as to the collection, use, or disclosure of your personal information, please see our privacy policy at [www.petlineinsurance.com/pdf/Privacy\\_Statement.pdf](http://www.petlineinsurance.com/pdf/Privacy_Statement.pdf) or contact us directly at **1-844-744-6862** or **[info@ovmapetinsurance.com](mailto:info@ovmapetinsurance.com)**

### Coverage details:

We will reimburse you for the costs of any services or treatment your pet has received for any accident or illness eligible for coverage on your plan.

#### **You are responsible for:**

- The co-insurance amount applicable to your policy.
- The deductible amount applicable to your policy.
- The costs of any services or treatment your pet has received for any conditions not eligible for coverage on your plan including conditions that started or showed symptoms before your pet's policy started or during any applicable waiting periods.
- Any condition shown as an exclusion on your policy.
- Uninsured items (i.e. toys, treats, etc.)

Please see your Policy Wordings document for full details.