petpartners

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: (Check all that apply) Wellness ◯ Injury/Illness ◯

If injury or illness, when did you first notice the signs or symptoms? Date: _____

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
PO Box 37940
Raleigh, NC 27627

Fax
919.859.8193

Underwritten by Independence American Insurance Company