



# PET INSURANCE

Underwritten by Independence American Insurance Co.

# 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 email, mail or fax.

**Questions?** Call us at 866-725-2747 or email us at [info@akcpetinsurance.com](mailto:info@akcpetinsurance.com)

**Policy Number** \_\_\_\_\_

**Pet Name** \_\_\_\_\_

Is the pet insured with another pet insurance company?      Yes      No

## Claim Details

Reason for visit:      Wellness      Injury/Illness      If injury or illness, when did you      Date:  
(Check all that apply)      first notice the signs or symptoms?      \_\_\_\_\_

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.

Applicable in California: 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.

## Submit Your Claim



Email  
[claims@petpartners.com](mailto:claims@petpartners.com)



By Mail  
PO Box 2150  
Buffalo, NY 14240



Fax  
919.859.8193