

Underwritten by: National Casualty Company  
Home Office: One Nationwide Plaza • Columbus, OH 43215  
Administrative Office: 18700 North Hayden Road • Scottsdale, AZ 85255  
800-423-7675 • A Stock Company

DIRECT ALL INQUIRIES AND CLAIMS TO: DVM Insurance Agency  
1800 E. Imperial Highway, Suite 145 • Brea, CA 92821 • 1-800-540-2016 • 1-714-989-0555

## AVIAN & EXOTIC PET PLAN COVERAGE FORM

### DEFINITIONS

When used in the policy, "Plan A" shall mean Veterinary Pet Insurance Avian & Exotic Pet Plan.

When used in the policy, "we" or "us" shall mean National Casualty Company.

When used in the policy, "you" shall mean insured policyholder.

When used in the policy, "veterinarian" shall mean a properly licensed veterinarian.

When used in the policy, "veterinary services" shall mean from a licensed veterinarian.

### INSURING CLAUSE

By payment of the premium when due, we will pay you incurred policy benefits as listed under Benefit Provisions. "We" will pay only those veterinary services incurred during the policy term. Benefits are paid subject to all the policy exclusions and conditions.

### EFFECTIVE DATE

The policy will be in effect at the time and date shown on the declaration page.

For Plan A, the effective date will be not less than 14 days after we accept the application.

### BENEFIT PROVISIONS - PLAN A

We will pay 90% of the current Avian & Exotic Pet Plan Veterinary Services Benefit Schedule as established and published per incident during each policy term after the deductible for eligible expenses submitted.

We pay all claims according to the enclosed Benefit Schedule. If the medical charges exceed the Avian & Exotic Pet Plan Veterinary Services Benefit Schedule, such excess is not paid. The excess amount will not be included in computing the deductibles or any benefits. Payments are subject to general exclusions, conditions, deductibles and any endorsements.

Benefits are paid for necessary veterinary medical services incurred for accidental injury or illness. The accident or illness and treatments must take place within the policy term.

### DEDUCTIBLE

The appropriate deductible shall apply for each accident or illness during the policy term.

### CONDITIONS APPLICABLE TO PLAN A

The payments are limited to a maximum of \$2,000 per accident or illness and a maximum of \$7,000 for each policy term.

Other Insurance - This insurance is excess over any other pet insurance policy. We will issue and honor only one policy per pet per policy term.

This policy will not provide payment for accidental injury or illness caused directly or indirectly by:

a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination.

## EXCLUSIONS

This policy will not pay for:

- \* Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a reoccurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed veterinarian must be submitted to us for consideration of removal of any medical exclusion.
- \* Internal or external parasites, preventive treatments and diagnostics for or conditions relating to parasites.
- \* Routine care, examinations, vaccinations.
- \* Congenital or hereditary defects or diseases
- \* Elective and maintenance procedures, including but not limited to sexing, cosmetic surgeries, wing clipping, beak filing, nail trims, teeth filing or clipping, removal of leg bands.
- \* Breeding or conditions relating to breeding.
- \* Surgical removal of reproductive organs, expression or removal of scent glands.
- \* Boarding or transport expenses.
- \* Special diets, pet foods, vitamins, mineral supplements, grooming costs, and bathing (including medicated baths).
- \* Diseases preventable by vaccines (unless administered by a veterinarian), within the protocol as defined in current veterinary references.
- \* Behavioral problems not listed on Veterinary Services Benefit Schedule, training or therapy.
- \* Orthodontics, teeth cleaning, polishing, endodontics and removal of deciduous teeth.
- \* Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
- \* For ferrets, diagnosis, medical management, or surgical correction of any endocrine tumors, both benign and malignant, or endocrine hyperplasias of any kind, or associated splenectomy.

## LIBERALIZATION

If we revise the policy form, the provisions, exclusions, conditions, endorsements or rules whereby the insurance is extended or broadened without any additional premium, this policy will be so extended or broadened.

## REVIEW

If any claim is denied, you or the attending veterinarian may request a review.

The request must be in writing.

The request must be received by us within 60 days of the denial.

A professional committee of veterinarians will conduct the review.

## TRANSFER OF POLICY

All transfers are subject to a new application and to underwriting rules.

## TERMINATION OF INSURANCE

The policy will lapse on failure to prepay the renewal premium.

We may cancel the policy by giving 45 days written notice to you at the address shown on the declaration page.

You may cancel by notifying us in writing.

Unearned premium refund if we cancel is pro-rate, unearned premium refund if you cancel is 90% pro-rate.

## INSURED'S DUTIES

Fully completed claim forms must be submitted to us within 180 days of the treatment date.

The actual itemized receipts must be presented (photocopies not accepted).

You agree to obtain all medical records to support claims upon request.

You authorize the company to obtain all medical records to support the claim.

You agree to submit the pet to examination by our selected, qualified veterinarians.

You agree to use all means to protect the pet from aggravation of the injury or illness.

Upon payment of benefits, we will be subrogated to your rights of recovery.

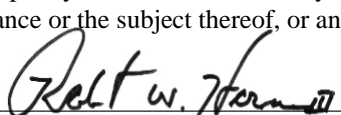
## DECLARATIONS

By accepting this policy, you agree that all the statements in the application and the declaration are true and no medical condition(s) has been withheld.

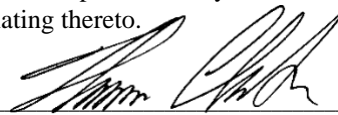
You affirm that the policy and the endorsements are the entire and only agreements between you and us.

## CONCEALMENT, FRAUD

The entire policy shall be terminable if you have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or any fraud or false swearing relating thereto.



Secretary



President



**Nationwide®**  
is on your side

**Avian & Exotic Pet Plan BENEFIT SCHEDULE**  
(Effective 8/01/00 - subject to change)

**Column I** is the benefit limit per policy term for the primary condition. This includes exam, injections, hospitalization, treatment, surgery.

**Column II** is the benefit limit for the condition if it is treated as a secondary condition, concurrently with the primary condition.

**Column III** is the benefit limit for general anesthesia.

**Fee Schedule**

Code	Diagnosis	Column I (primary)	Column II (secondary)	Column III (anesthesia)
1000	Euthanasia	\$—	\$65	\$—

**CARDIOVASCULAR**  
*Diagnostics (Maximum Allowed \$280)\**

1101	Arrhythmia	\$220	\$130	\$—
1103	Cardiomyopathy	164	82	—
1104	Neoplasia Heart & Pericardium Surgical	760	400	100
1105	Myocarditis	270	147	—
1108	Valvular Heart Disease	230	115	—
1111	Cardiovascular Collapse (Shock)	230	140	—

**ESOPHAGUS/CROP**  
*Diagnostics (Maximum Allowed \$200)\**

1175	Crop Trauma Medical	\$133	\$60	\$—
1176	Crop Trauma Surgical	265	185	90
1178	Crop Stasis/Crop Impaction Medical/ Foreign Object	147	79	74
1179	Ingluviotomy Crop Impaction Surgical/Foreign Object	265	185	89
1180	Behavioral Regurgitation	85	50	—
1206	Neoplasia Medical	96	79	—
1207	Neoplasia Surgical	482	289	90
1208	Megaesophagus	248	101	—
1210	Esophagitis/Ingluvitis	147	79	—

**ABDOMINAL WALL DISORDERS**  
*Diagnostics (Maximum Allowed \$200)\**

1211	Peritonitis	\$186	\$53	\$—
1213	Neoplasia	360	230	74
1214	Traumatic Hernia	209	134	74

**PROVENTRICULAR/VENTRIVULAR DISORDERS**  
*Diagnostics (Maximum Allowed \$220)\**

1177	Foreign Object Surgical	\$367	\$245	\$90
1181	Foreign Object Medical	179	105	—
1225	Neoplasia Surgical	482	289	90
1234	Proventriculitis/Ventriculitis	139	68	—
1237	Neoplasia Medical	96	79	—
1238	Grit Impaction/Proventriculotomy/Ventriculotomy	467	305	90

**GASTROINTESTINAL DISORDERS**  
*Diagnostics (Maximum Allowed \$220)\**

1217	Exploratory Celiotomy	\$450	\$225	\$90
1226	Gastro Ulceration	188	105	—
1231	Food Allergy	90	45	—
1232	ILEUS	140	65	—
1233	Gastrointestinal Alimentation	—	75	—
1240	Endotox Shock	200	85	—
1241	Enteritis/Colitis/Wet Tail	96	50	—
1242	Foreign Object Medical	179	105	—
1243	Foreign Object Surgical	475	270	90
1244	Intussusception/Volvulus Surgery	360	215	90
1245	Maldigestion/Malabsorption Syndrome	140	76	—
1257	Rectal Prolapse	183	85	74
1265	Perianal Neoplasia	208	132	89

**PANCREATIC DISORDERS**  
*Diagnostics (Maximum Allowed \$220)\**

1270	Pancreatitis	\$265	\$115	\$—
1271	Exocrine Pancreatic Insufficiency	120	60	—
1283	Neoplasia	800	400	100

**HEPATIC/GALL BLADDER DISORDERS**  
*Diagnostics (Maximum Allowed \$190)\**

1287	Lipidosis	\$170	\$60	\$—
1288	Hemochromatosis	200	80	—

1289	Neoplasia Medical	\$250	\$120	\$—
1290	Hepatitis/Cholangitis	250	120	—
1291	Cirrhosis/Amyloidosis	250	120	—
1292	Neoplasia Surgical	600	300	100
1293	Hepatic Encephalopathy	250	120	—
1294	Abscess/Granuloma Surgical	600	300	100

**DERMATOLOGY**  
*Diagnostics (Maximum Allowed \$175)\**  
**Feathers**

1309	Broken Blood Feather	\$80	\$40	\$74
1348	Self-mutilation-behavioral	110	65	—
1349	Trauma	140	60	74
1350	Oil-damaged	140	60	—
1351	Feather Cyst	110	60	—
1352	Delayed Molt	110	68	—
1353	Nutritional-Feather Disorder	110	68	—

**SKIN/SHELL DISORDERS**  
*Diagnostics (Maximum Allowed \$175)\**

1302	Laceration/Trauma Surgical	\$130	\$55	\$80
1305	Abrasion/Trauma Medical	100	50	—
1306	Abscess/Granuloma	160	75	80
1322	Allergic Dermatitis	90	40	—
1323	Dermatomycosis	150	70	—
1325	Endocrine Alopecia/Tail Alopecia	96	48	—
1329	Neoplasia Surgical	140	58	84
1335	Folliculitis/Dermatitis/Pyoderma	140	60	—
1354	Constricted Toe Syndrome	80	40	—
1355	Pododermatitis/Sore Hocks	140	60	—
1360	Broken Shell	130	55	80
1361	Shell Rot	96	48	—

**RESPIRATORY**  
*Diagnostics (Maximum Allowed \$200)\**

1401	Foreign Object Medical	\$130	\$70	\$80
1420	Tracheitis/Bronchitis	110	60	—
1424	Foreign Object Surgical	180	80	80
1427	Neoplasia Medical	160	80	—
1428	Neoplasia Surgical	600	380	100
1430	Tracheotomy	—	100	90
1442	Asthma/Bronchitis	150	75	—
1447	Pneumonia	300	160	—
1455	Air Sacculitis	150	75	—
1456	Chronic Progressive Respiratory Disorder	200	120	—
1457	Air Sac Breathing Tube Placement	—	60	90

**REPRODUCTIVE SYSTEM DISORDERS**  
*Diagnostics (Maximum Allowed \$165)\**

1501	Vaginitis/Metritis	\$100	\$52	\$—
1506	Vaginal Neoplasia	204	140	90
1511	Pyometra Surgical	380	190	90
1526	Mastectomy	185	105	90
1530	Mastitis/Abscess	160	75	80
1544	Balanoposthitis/Pharaphimosis	96	45	74
1531	Orchitis	90	40	—
1542	Testicular/Ovario/Uterine/Neoplasia	320	180	90
1571	Egg Binding Medical	110	60	—
1572	Egg Binding Surgical	210	140	90
1573	Salpingitis	110	60	—
1574	Ectopic Eggs Surgical	280	160	90
1575	Yolk Peritonitis	140	80	—
1576	Excessive Egg Laying Medical	140	80	—
1577	Salpingohysterectomy	290	190	90

**CHEMICAL & PHYSICAL DISORDERS**  
*Diagnostics (Maximum Allowed \$200)\**

1606	Household Chemical Poisoning	\$130	\$80	\$—
1607	Drug Reactions/Toxicity	130	80	—
1609	Plant Poisoning	160	85	—
1615	Heavy Metals (lead/zinc)	240	140	—
1616	Insecticides/Pesticide Poisoning	180	90	—
1617	Inhalant Poisoning	200	95	—
1618	Thermal Burns	200	110	90
1654	Hypothermia	150	80	—

**URINARY TRACT DISORDERS**  
*Diagnostics (Maximum Allowed \$225)\**

1704	Nephritis/Renal Failure	\$300	\$160	\$—
1706	Neoplasia Medical	260	140	—
1719	Neoplasia Surgical	600	280	100
1720	Renal Amyloidosis	400	190	—
1721	Gout (Visceral)	220	160	—
1801	Urolithiasis Surgical	328	195	95
1802	Cystitis/Urethritis Medical	104	58	—

\*Specialized Diagnostic Test allowances as listed on this schedule may also be eligible for coverage. This allowance is in addition to the maximum Diagnostic allowances as listed under each system.

**INFECTIOUS DISEASES**

**Diagnostics (Maximum Allowed \$200)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2001 Papillomatosis	\$160	\$70	\$—
2002 Salmonellosis	108	56	—
2003 Parvovirus/Aleutian Disease	110	75	—
2006 URI/Influenza/Pasteurellosis	160	75	—
2010 Canine Distemper	160	75	—
2020 FUCO	185	105	—
2025 Mycobacteriosis	275	170	—
2026 Chlamydiosis	275	170	—
2027 Aspergillosis	200	120	—
2029 Fungal-General	200	120	—
2030 Psittacine Beak & Feather Disease	80	40	—
2031 Polyomavirus	160	70	—
2032 Herpesvirus (Pacheco's Disease)	200	120	—
2033 Poxvirus	160	70	—
2034 Paramyxovirus (Newcastle Disease)	200	120	—
2035 Proventricular Dilatation Disease	159	87	—
2036 Candidiasis	170	80	—
2037 Cryptococcosis	275	170	—
2038 Treponematosis (Rabbit Syphilis)	108	56	—

**OPHTHALMOLOGICAL DISORDERS**

**Diagnostics (Maximum Allowed \$110)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2107 Conjunctivitis	\$90	\$50	\$—
2111 Corneal Ulceration	120	50	74
2114 Uveitis/Iritis/Retinitis	140	65	—
2121 Foreign Body	120	50	74
2126 Enucleation	350	180	89
2136 Cataract Medical	110	50	—
2140 Retained Spectacles/Infection	80	46	—

**NEUROLOGIC DISORDERS**

**Diagnostics (Maximum Allowed \$250)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2204 Encephalitis/Meningitis	\$258	\$140	\$90
2205 Epilepsy/Seizures	120	80	—
2211 Stroke	120	80	—
2212 Concussion	180	95	—
2214 Hypoglycemia	140	65	—
2215 Neoplasia Medical	200	120	—
2223 Neoplasia Surgical	800	440	120
2227 Ataxia/Vestibular Disease	140	75	—
2235 Limb Paralysis/Paralysis Syndrome	120	60	—

**EAR DISORDERS**

**Diagnostics (Maximum Allowed \$150)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2303 Trauma	\$95	\$55	\$—
2304 Ear Canal Neoplasia	320	156	90
2305 Otitis Externa	110	70	74
2307 Otitis Interna	140	75	74
2308 Foreign Body	140	75	74

**NASAL CAVITY**

**Diagnostics (Maximum Allowed \$150)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2401 Rhinitis/Sinusitis/Allergic	\$130	\$70	\$—
2404 Trauma	140	75	74
2405 Granuloma Surgical	240	160	85
2406 Neoplasia Surgical	240	160	80

**ORAL CAVITY**

**Diagnostics (Maximum Allowed \$150)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2501 Stomatitis/Pharyngitis	\$95	\$60	\$—
2502 Abscessed Tooth	94	56	74
2504 Neoplasia	210	115	89
2505 Trauma Medical	80	40	—
2517 Abscess/Granuloma/Mouth Rot	169	96	74
2518 Trauma Surgical	162	89	74
2519 Overgrown Teeth	50	20	—

**MUSCULOSKELETAL DISORDERS**

**Diagnostics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2217 Spondylitis	\$200	\$90	\$—
2710 Myositis/Cellulitis/Myopathy	140	70	—
2711 Arthritis	120	60	—
2715 Osteomyelitis Medical	200	90	—
2716 Osteomyelitis Surgical	410	210	100
2720 Tendon Rupture Medical	175	100	80
2721 Tendon Rupture Surgical	300	180	90
2722 Osteogenic Sarcoma	270	160	90
2724 Sprain	90	60	—
2728 Neoplasia Surgical	200	90	85
2729 Soft Tissue Trauma Medical	130	65	—
2733 Toe Amputation	200	90	85
2734 Tom Nail	80	30	—
2737 Limb Amputation	480	320	100
2754 Elbow Luxation Surgical	300	190	85
2764 Soft Tissue Trauma Surgical	140	90	85
2765 Gout (Articular)	120	60	—
2766 Veterbral Fracture/Luxation Medical	220	90	—

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2768 Carpus Luxation Medical	\$160	\$90	\$79
2769 Carpus Luxation Surgical	300	190	85
2770 Coxofemoral Luxation Medical	180	90	80
2771 Coxofemoral Luxation Surgical	330	200	90

**FRACTURES PECTORAL GIRDLE/PELVIS**

**Diagnostics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2840 Cage Rest	\$140	\$—	\$—
2841 External Coaptation	200	90	85
2842 Internal Fixation	350	200	90
2851 Plate	896	560	105

**FRACTURES HUMERUS/FEMUR/RADIUS ULNA**

**Diagnostics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2821 External Coaptation	\$175	\$100	\$90
2830 Pins/Wires/External Skeletal Fixation	320	190	95
2831 Plate	756	520	105

**FRACTURES CARPOMETACARPUS**

**Diagnostics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2850 Pins/Wires/External Skeletal Fixation	\$260	\$140	\$90
2852 External Coaptation Splint	180	90	80

**FRACTURES TIBIOTARSUS/TARSOMETATARSUS**

**Diagnostics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2873 External Coaptation	\$210	\$90	\$85
2874 Pins/Wires/External Skeletal Fixation	310	165	90

**FRACTURES DIGITS**

**Diagnostics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2862 External Coaptation	\$100	\$60	\$80

**ENDOCRINOLOGY**

**Diagnostics (Maximum Allowed \$225)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
2904 Goiter	\$120	\$60	\$—
2905 Adrenal Disorders	300	160	—
2920 Hypothyroidism	110	60	—
2950 Diabetes Mellitus	400	190	—
2951 Endocrine Neoplasia Surgical	544	285	100

**BLOOD CELL DISORDERS**

**Diagnostics (Maximum Allowed \$200)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
3004 Chronic Anemia	\$175	\$90	\$—
3007 Myeloproliferative Disorder/Polycythemia	220	95	—
3008 Leukemia	290	150	—
3011 Transfusion Therapy	—	140	—
3015 Acute Anemia	150	80	—
3030 Vitamin K Syndrome	90	40	—

**LYMPHATIC DISORDERS**

**Diagnostics (Maximum Allowed \$200)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
3102 Lymphadenitis	\$126	\$64	\$—
3103 Lymphosarcoma	400	250	—
3105 Myeloid Neoplasm	330	190	—

**SPLEEN**

**Diagnostics (Maximum Allowed \$200)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
3203 Splenectomy	\$540	\$280	\$100
3204 Splenomegaly	108	70	—

**CLOACAL DISORDERS**

**Diagnostics (Maximum Allowed \$220)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
4101 Cloacitis	\$115	\$50	\$—
4102 Neoplasia	210	115	—
4103 Prolapse Medical	200	100	89
4104 Prolapse Surgical	400	240	89
4107 Cloacolith	125	60	74

**BEAK**

**Diagnostics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
4201 Beak Trauma Medical	\$90	\$45	\$—
4202 Beak Trauma Surgical	180	90	84
4204 Neoplasia	140	58	80

**CERE**

**Diagnostics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
4301 Trauma	\$140	\$58	\$—
4302 Neoplasia	140	60	80

\*Specialized Diagnostic Test allowances as listed on this schedule may also be eligible for coverage. This allowance is in addition to the maximum Diagnostic allowances as listed under each system.

**NUTRITIONAL DISORDERS**  
**Diagnosics (Maximum Allowed \$175)\***

	Column I (primary)	Column II (secondary)	Column III (anesthesia)
4401 Vitamin D Toxicity	\$120	\$60	\$—
4402 Chronic Malnutrition/Secondary Hyperparathyroidism	120	60	—
4403 Vitamin A Deficiency	100	50	—
4404 Metabolic Bone Disease	120	60	—
4405 Hypocalcemia Syndrome	120	60	—
4406 Obesity	80	30	—
4408 Vitamin E/Selenium Deficiency	100	50	—
4409 Vitamin C Deficiency	100	50	—
4410 Vitamin B Deficiency	100	50	—

**DIAGNOSTIC TESTS**  
**Allowances**

ACh Receptor Antibody Titer	\$45
Activated Clotting Time	20
Adrenal Profile	80
Amylase/Lipase	30
Biopsy (Skin)	80
Biopsy (Ultrasound Guided)	140
Bile Acids	46
Bleeding Time	15
Blood Gases	30
Blood Pressure	20
Blood Titer/Serology	45
Bone Marrow Aspirate	90
CBC	35
Chemistry + CBC + T4	87
Chemotherapy Sensitivity Testing	58
Coagulation Panel/PIVKA	80
Corneal Stain	25
Coomb's Test	45
Cross Match/Blood Type	35
Culture and Sensitivity	50
Cytology	35
Drug Level	45
ECG	55
EEG/ERG	65
Fluid Analysis	35
Fungal Culture	35
Fungal/Rickettsial Titer	45
Histopathology	58
Immune Panel	80
Insulin Level	45
Ionized Calcium	30
Na+ / K+ / Glucose / BUN	30
Nerve Conduction Velocity	65
Radiographs	90
Reticulocyte Count/Platelet Count	22
Serum Chemistry	50
Serum Protein Electrophoresis	45
Serum Total Iron Binding Capacity	45
Skin Scraping	25
Single Chemistry Test	20
Special Tissue Staining (Gram, Acid)	20
T3- T4 or T4 Pre & post TSH	60
TLI/Malabsorption/Malassimilation Test	50
Tonometry	30
Toxicology	45
Triglycerides/Cholesterol	45
UCC/UPC/UUA Ratios	40
Urinalysis	20

**Specialized Diagnostic Tests**  
**Allowances**

Allergin Test	\$135
Contrast Radiograph	150
CT Scan	400
Endoscopy - Rhinoscopy	150
Myelogram	135
MRI Scan	400
Nuclear Imaging	300
Spinal Tap/Culture & Analysis	90
Ultrasound/Echocardiogram	150

**AVIAN SPECIFIC DIAGNOSTIC TESTS**  
**Allowances**

Acid Fast/Gram/Special Stain	\$20
Anaerobic /Aerobic Culture and Sensitivity	50
Aspergillus Titer	45
Avian Chemistry Panel	50
Avian Profile (CBC & Chemistry)	85
Bile Acids	46
Bone Marrow Cytology	90
CBC/Differential	35
Chlamydia Antibody/Antigen	45
Chlamydia PCR	45
Cytology	35
Fungal Culture	35
Fluid Analysis and Cytology	70
Histopathology	58
Lead Assay	60
Mycoplasma Culture	40
PBFD Virus DNA	60
Polyoma Virus DNA	60
Protein Electrophoresis	45
Radiographs	65
Single Serum Chemistry	20
Skin/Feather Biopsy	80
T4	20
Zinc Assay	60

For diagnoses and tests not listed, please call our  
 claims department at 800-540-2016