



HOW TO:

# Complete & Submit Your Pet's Claim Form

## WHERE & WHEN

Fill in the name of the provider & date of service.

*\*Note: Please only submit one visit per claim form (one visit can span multiple days).*

## SELECT CLAIM TYPE

Select Wellness Rewards or Accident or Illness claim.

*\*Note: No additional information is necessary for Wellness Rewards claims.*

## HOW TO SUBMIT

Upload your claim to MyEmbrace online or in the Embrace Pet Insurance app. You can also email, fax, or mail it.

**Embrace Pet Insurance Claim Form**  
 For Kramer the Rottweiler Mix  
 Susie Smith (Policy EP0002-2457)

**DUPLICATE DATE:** 07/28/2020 to submit all claims occurring between 05/30/2019 and 05/29/2020.

**1 Provide invoice information**

CLINIC, HOSPITAL, OR RETAILER \_\_\_\_\_ DATE OF SERVICE \_\_\_\_\_ INVOICE TOTAL \_\_\_\_\_

**2 Determine claim type**

WELLNESS REWARDS (Example: vaccines, annual tests, spay/neuter, preventative medications, supplements, grooming)  
SKIP THIS SECTION FOR A WELLNESS REWARDS ONLY CLAIM

ACCIDENT OR ILLNESS

**TO BE FILLED OUT BY VETERINARY STAFF ONLY:** Diagnosis for visit or medication refill. If a diagnosis is unknown, please provide symptoms. Diagnosis examples: ear infection, arthritis of the knee, vomiting, etc. Please do not only list diagnostic testing or simply "refill," as we need additional information that will increase the claim processing time.

DIAGNOSIS FOR VISIT OR MEDICATION REFILL  
 \_\_\_\_\_

**3 Send us your documents**

**WHAT YOU MUST SEND US**  
 Send this claim form and all pages of your invoice, including all taxes and discounts. If there is more than one pet on the invoice, include each pet's unique claim form. No need to send your credit card receipt.

**MyEMBRACE or THE EMBRACE PET INSURANCE APP**  
 This is the fastest way to submit claims. Please note that only claim forms and invoices may be submitted via the Submit a Claim feature. You may also submit claims and supporting documents via the Submit Documents quick link. Using the Submit Documents quick link to submit a claim may delay your claim process.

**I DO SOLEMNLY SWEAR**  
 By submitting this claim form you certify that the information given on this form is truthful, accurate, and complete. I understand that deliberate misrepresentation of my pet's condition or the omission of any material facts may result in the denial of a claim and/or the cancellation of the insurance. I authorize any veterinary hospital or veterinarian to provide to the insurer any details it may require to complete this claim.

**STATE MANDATED FRAUD WARNING**  
 Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

EMAIL: [claims@embracepetinsurance.com](mailto:claims@embracepetinsurance.com)

FAX: 800-238-1042

\*Find all the ways to contact us by visiting [www.embracepetinsurance.com/contact-us](http://www.embracepetinsurance.com/contact-us)

Claim Form v7 June 2019

## BARCODE

This barcode is unique to your pet. Please be sure that the claim form matches the pet you're submitting a claim for.

## INVOICE AMOUNT

Total dollar amount of this claim (including tax, other pets, etc. in the invoice total).

## DIAGNOSIS OR REASON FOR VISIT

If a diagnosis was made, fill it in here. If not, let us know why your pet went to the vet. This should match what is listed in the vet's records.

## WHAT TO SUBMIT:

- One claim form per pet on the invoice
- All pages of the itemized invoice

**Got questions? We have answers.** Please send questions regarding claims to [askclaims@embracepetinsurance.com](mailto:askclaims@embracepetinsurance.com).



Claims You Can Count On  
(800) 511-9172