



PET INSURANCE WITH A HEART.

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 1-888-TOTOPET or email us at support@totopetinsurance.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 first notice the signs or symptoms? Date: _____
(Check all that apply)

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 _____

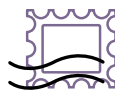
Phone _____ Email _____

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
support@totopetinsurance.com



By Mail
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