



NATIONAL
Pet Insurance

Bringing health coverage to every member of your family

PART 1 TO BE FILLED OUT BY YOU

Certificate Number	Pet Name
Your Name	Age
Your Address	Breed
City/State/Zip	Color
Your Phone No.	Species (Dog/Cat)
	Sex (Male/Female)

PART 2 TO BE FILLED OUT BY YOUR VET

<p>THIS CLAIM IS FOR:</p> <p>Check only one <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">Accident Illness Routine Care</p> <p>How long has this pet been registered with this clinic?</p> <p><input type="checkbox"/> under 12 mos <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2 or more years</p>	<p>What is the diagnosis/condition for this visit?</p> <p>_____</p> <p>What was the approximate onset of the condition for this diagnosis? <input type="checkbox"/> Acute <input type="checkbox"/> 1 mo. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 1year +</p> <p>Has the pet been treated for a similar problem before?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no If yes, indicate dates: _____ to _____</p>
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Veterinarian Declaration (Required)

To the best of my knowledge, the information on this form is correct.

Name of attending veterinarian: _____

Signature of attending veterinarian: _____

Declaration: I certify that the information given in this form is truthful, accurate and complete. I understand that deliberate misrepresentation of the pet's condition or the omission of any material facts may result in the denial of a claim and/or the cancellation of the certificate. I authorize any veterinary hospital or surgeon to provide to the insurer any details it may require. Please note the issuance or completion of this form does not acknowledge liability or guarantee payment of this claim. We reserve the right to request original vet bills from you and your vet at any time.

Signature of Pet Parent: _____ Date: _____

How Do I Make a Claim?

Step 1: Complete the required information on this form.

Step 3: Include a copy of the vet's billing with itemized charges.

Step 2: Get your vet (or vet tech) to complete the vet's portion of the claim form. A signature is required.

Step 4: Please forward these documents to:
National Pet Insurance, Attention Claims Dept.,
1525 Merrill Drive, Little Rock, AR 72211.
You may fax to 501-423-8954 or
email to claims@1npi.com.

Please expect payment within 14 days. If you have any questions please contact us by email at petcustomerservice@1npi.com or please call at 888-242-4800.