



NATIONWIDE® PET INSURANCE

CLAIM FORM

Skip this form; scan the QR code
to submit your claim online



Thanks for being a great pet parent!



1. Tell us about you and your pet

Policy number _____ Your pet's name _____

Your name _____

Need to update your contact info? Log in to your account at my.petinsurance.com.

2. Why did your pet visit the vet? Check all that apply.

☐ Preventive visit (ex. annual checkup, vaccinations, flea control)

Injury or Illness

☐ Skin allergies

☐ Bladder or urinary tract disease

☐ Skin infection

☐ Vomiting/upset stomach

☐ Dental disease (ex. tooth infection)

☐ Ear infection

☐ Diarrhea/intestinal upset

☐ Non-cancerous skin mass

☐ Arthritis

☐ Medication refill (What is it treating?) _____

☐ Other (please specify)

What part of your pet's body was affected? _____

3. What invoice(s) are you submitting today?

Date(s) _____ \$ _____

Date(s) _____ \$ _____

Date(s) _____ \$ _____

Please send final invoices that:

☐ Show a breakdown of services provided

☐ Are legible

☐ Are not estimates

Pet parent signature _____ Date _____

By signing this claim form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize the release of my pet's medical records to Nationwide.

4. Send us your claim and invoices (choose one method only)

submitmyclaim@petinsurance.com

PDF, DOC, JPG, TIFF or BMP files less
than 10MB total

Nationwide Claims Dept

PO Box 2344
Brea, CA 92822-2344

Fax

714-989-5600

Want to submit your claim

online? Log in to
my.petinsurance.com to
submit and track claims.