

QUICK REFERENCE GUIDE:

Submitting Claims to Embrace

WHAT & WHEN

Use ALL CAPS to note the reason for the visit. List the date of onset and date of service.

DOCTOR'S NOTES

Record findings and observations regarding each condition.

WHERE TO SEND

Please e-mail, fax, or mail all paperwork to Embrace.

Embrace Claim Form
For Monster the Mixed Breed Dog
Emma Smith (Policy EP0002-2457)

1 I want you to process my: Wellness Claim Accident or Illness Claim
CHECK ALL THAT APPLY

2 Tell us more about your pet's visit
ONLY VETERINARY STAFF TO COMPLETE. SKIP SECTION IF THIS CLAIM IS FOR WELLNESS ONLY.

REASON FOR VISIT or CAUSE OF ACCIDENT Explain why procedure was performed.	DATE OF ONSET M, M, D, D, Y, Y	DATE OF SERVICE M, M, D, D, Y, Y	INVOICE AMOUNT Dollars only.
			\$ 0, 0, 0, 0, 0, 0
			\$ 0, 0, 0, 0, 0, 0

DOCTOR'S NOTES

CLINIC OR HOSPITAL STAMP

Stamp not required for wellness items purchased outside of your veterinary clinic.

3 Attach invoices and submit your claim

FAX
800-238-1042

MAIL
Embrace Pet Insurance Claims Dept
PO Box 22188
Beachwood, OH, 44122-0188

EMAIL
claims@embracepetinsurance.com
Limit attachments to 5 Mb.

WHAT YOU MUST SEND US
Send this claim form and all pages of all invoices. You have until 05/29/2017 to submit all claims occurring between 03/31/2016 and 03/30/2017.

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.

CHANGED MAILING ADDRESS?
The current mailing address we have for you is
1234 Main St.
Cleveland, OH, 44113
If your mailing address has changed write it in the box below.

Claim Form v5 May 2013

BARCODE

Each form has a unique barcode linked to the specific pet and owner.

INVOICE AMOUNT

Total cost for each condition at this visit.

STAMP

Use the hospital stamp or simply note the name and address.

ADDRESS

Confirm that we have the correct address on file. If incorrect, please list the updated address in the box.

WHAT TO SUBMIT (In this order, with total number of pages noted.)

- One claim form for each pet
- Itemized invoice
- Any needed medical history

NOTE

When submitting multiple claims, please send each claim as a separate fax or e-mail attachment.