Veterinarian Reimbursement Release Form

Questions?
☎ **877.738.7237**
✉ **claims@petsbest.com**
www.petsbest.com

Use this form only if you have not paid for your services and you want your payment to be sent directly to your veterinarian (veterinarian signature required).

1 YOUR INFORMATION

Policy Number:

Policyholder Name:

Pet Name:

2 CLAIM INFORMATION

Date(s) of Service:

Claim Number (if known):

3 POLICYHOLDER DECLARATION

By affixing my signature to this document, I hereby release any claim reimbursement for unpaid amounts on the attached claim and request that any reimbursement be made directly to the veterinary hospital or clinic to which a balance is left owing in my name. I understand that this request does not guarantee claim payment. Eligibility of all claims is determined at time of review of the claim, and I am responsible for all outstanding balances.

X _____ _____

Policyholder Signature *Date*

4 VETERINARY CLINIC OR HOSPITAL DECLARATION

I understand that submission of the above referenced claim is not a guarantee of payment and that the decision to extend credit to the above referenced policyholder is made without any such warranty or promise.

X _____ _____

Authorized Veterinary Representative Signature *Date*

_____

Print Name

_____

Print Hospital or Clinic Name

**** To avoid delaying the processing of your claim, please complete sections 1-4. ****

5 SUBMIT FORM

FAX
866.777.1434

ONLINE
www.petsbest.com/customerportal

MAIL
965 Keller Road
Altamonte Springs, FL 32714