



Veterinarian Reimbursement Release Form

Questions?

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✉ 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



866.777.1434



ONLINE

www.petsbest.com/customerportal



MAIL

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