# Embrace Pet Insurance Claim Form

For Jo-Jo the Miniature Schnauzer

Ryan Dancey (Policy EP0095-5363)

**DUE DATE:** 11/11/2026 to submit all claims occurring between 09/13/2025 and 09/12/2026.

## 1 Provide invoice information

| CLINIC, HOSPITAL, OR RETAILER | DATE OF SERVICE | INVOICE TOTAL |
|---|---|---|
| | | |

## 2 Determine claim type

☐ WELLNESS REWARDS (Example: vaccines, annual tests, spay/neuter, preventative medications, supplements, grooming)

SKIP THIS SECTION FOR A WELLNESS REWARDS ONLY CLAIM

☐ ACCIDENT OR ILLNESS

Please provide a diagnosis for this visit or medication refill. If a diagnosis is unknown, please provide symptoms. Diagnosis examples: ear infection, arthritis of the knee, vomiting, etc. Please do not list treatments, testing, or medications without including the diagnosis or symptoms for which they were required - doing so may increase the claim processing time.

DIAGNOSIS FOR VISIT OR MEDICATION REFILL

## 3 Send us your documents

WHAT YOU MUST SEND US

Send this claim form and all pages of your invoice, including all taxes and discounts. If there is more than one pet on the invoice, include each pet's unique claim form. No need to send your credit card receipt.

CUSTOMER PORTAL or EMBRACE APP

This is the fastest way to submit claims. Please note that only claim forms and invoices may be submitted via the Submit a Claim feature. You may also submit claims and supporting documents via the Submit Documents quick link. Using the Submit Documents quick link to submit a claim may delay your claim process.

EMAIL

claims@embracepetinsurance.com

FAX

800-238-1042

*Find all the ways to contact us by visiting www.embracepetinsurance.com/contact-us

**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.

**STATE MANDATED FRAUD WARNING**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

# Embrace Pet Insurance Claim Form

For Elfie the Domestic Shorthair

Ryan Dancey (Policy EP0095-5363)

**DUE DATE:** 11/11/2026 to submit all claims occurring between 09/13/2025 and 09/12/2026.

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CLINIC, HOSPITAL, OR RETAILER

DATE OF SERVICE

INVOICE TOTAL

## 2 Determine claim type

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