

claim form



Questions?

Call us at 844-738-3446
or email us at
claims@figopetinsurance.com

1

Complete Your Claim Form

Please complete all information below. Don't forget to sign and date your claim form!

2

Send Us Your Claim Form and Itemized Invoice

To help us process your claim quickly: Email, fax or mail us this claim form, your itemized veterinary invoice, and include your pet's complete medical records if this is your first claim. We are unable to process a claim without your pet's medical records.

3

The Figo Team will then Process Your Claim

Our goal has always been to process your claim as quickly as possible. For repeat claims, we typically process the claim within 72 hours. First-time claims may take a little longer—between seven and ten business days, depending on when we receive all of your pet's medical records.

Your Policy Information

Policy Number

Pet Parent Name

Phone Number

Pet Name

Email

Veterinary Fees

Invoice Number

Veterinary Hospital Name

Has your pet been seen by another veterinary hospital? If yes, which hospital(s)?

Date when your pet first showed symptoms of this illness or injury

Amount being claimed \$

What was your pet treated for?

Note: If this is the first claim for your pet, please ask your veterinary hospital to include a copy of your pet's complete medical history with doctor's exam notes and any laboratory results.

Required Documents

Itemized veterinary invoice

Advertising & Reward

Invoice Number

Date and time your pet went missing (stolen or stray)

Did you notify the police and obtain a reference or case number? Yes No

Amount being claimed \$

Did you notify the 5 veterinary clinics or shelters nearest to where your pet was last seen? Yes No

Please describe the circumstances under which your pet went missing (stolen or stray)

Where was your pet last seen?
(nearest address or intersection)

Required Documents

Written confirmation from Police Department
 Proof of purchase of your pet

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Boarding Kennel & Cattery Fees

Invoice Number _____

Amount being claimed \$ _____

Hospital admitted and discharged dates _____

How many days were you in the hospital? _____

Please describe the reason you were admitted to the hospital

Required Documents

- Certification of hospitalization from your doctor
- Licensed Kennel or Cattery invoice and proof of payment

Loss Due to Theft or Straying

Invoice Number _____

Amount being claimed \$ _____

Date and time your pet went missing (stolen or stray) _____

Did you notify the police and obtain a reference or case number? Yes No

Did you notify the 5 veterinary clinics or shelters nearest to where your pet was last seen? Yes No

Please describe the circumstances under which your pet went missing (stolen or stray)

Required Documents

- Written confirmation from Police Department
- Proof of purchase of your pet

You must, if your pet is found or returned to you, repay the full amount we have paid to you under this benefit.

Where was your pet last seen? (nearest address or intersection)

Mortality Benefit

Invoice Number _____

Amount being claimed \$ _____

Was your pet euthanized? Yes No

If yes, was it suggested by your vet? Yes No

Please detail the circumstances of your pet's passing

Required Documents

- Vet's verification of death
- Proof of purchase of your pet
- Cremation and/or burial facility invoices and proof of payment

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Vacation Cancellation

Invoice Number _____

Amount being claimed \$ _____

Was your vacation booked 28 days or more in advance? Yes No

Date when your pet first showed symptoms of this illness or injury _____

Please describe the circumstances under which your vacation was delayed / cancelled / interrupted

Required Documents

- Certification from your treating vet that immediate life-saving treatment was needed
- Invoices and proof of payment for all travel and accommodations costs including explanation of benefits from any other insurance payments

Declaration

DECLARATION: I certify with my signature below that the information provided is accurate to the best of my knowledge. I authorize any veterinary hospital or veterinarian to provide additional information about my pet to Figo Pet Insurance. I understand that missing information or delays in delivering the pet's medical records may delay the processing of my claim. Claims must be submitted for processing within 90 days of invoice date.

Policyholder Signature  _____

Date _____

Submit your Claim Form and Invoice



Email

claims@figopetinsurance.com



Fax

1-773-966-0769



Regular Mail

Figo Pet Insurance
540 N. Dearborn #10873
Chicago, IL 60610

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.