



VPI-VBMA Student Case Study Competition VPI-VBMA Competition Packet

Table of Contents

Table of Contents	1
Introduction.....	2
Competition Instructions	3
Appendix A - Working the Numbers	6
Appendix B - WellCare	9
VPI Policy	10
VPI Superior Plan Benefit Schedule.....	13
VPI Case Histories	17



VPI-VBMA Student Case Study Competition Introduction

Veterinary Pet Insurance Company (VPI) is honored to support VBMA organizations at veterinary schools throughout the U.S. We realize that veterinary students learn best through hands-on practice with case study examples. Through our *VPI-VBMA Student Case Study Competition*, we hope to increase your business knowledge and understanding of the impact pet insurance can have on improving the quality of medicine delivered to patients, while increasing practice revenue.

As a result of participating in the *VPI-VBMA Student Case Study Competition*, you will develop critical thinking skills in evaluating and understanding the benefits of a product or service before recommending it or discussing it with future clients.

Competition Winners Receive:

A \$1,000 VISA Gift Card and VPI gift bundle

Competition Rules:

- One entry per veterinary student allowed
- Submissions must be mailed by the competition coordinator in one envelope that contains all entries from your school **(Entries that arrive independently will be discarded)**
- Entries must be submitted to competition coordinator no later than **Friday, March 20th, 2009**
- Entries will be judged based on accuracy of insurance reimbursement calculation, extent of project complexity, originality, and presentation
- Winners will be announced by **Wednesday, April 22nd, 2009**
- Winners' \$1000 Visa gift card and VPI gift bundle will be mailed by **Friday, May 22nd, 2009**



VPI-VBMA Student Case Study Competition Competition Instructions

Read all Competition Instructions carefully. Entries submitted that have not followed all the instructions will be disqualified.

1. Obtain an old invoice for treatment of a pet's injury or illness (invoice may be for your pet, a friend's or family member's). As an alternative, you may request an estimate invoice from a small animal hospital or from the Veterinary Medical Teaching Hospital on your campus.

NOTE: When acquiring an invoice be sure that it is for an injury or illness and not just for WellCare items (e.g. preventative care items, such as vaccines, fecal exam, etc.). VPI's WellCare Coverage is an additional rider (for assistance with preventative care items) to the VPI base Superior Policy which is accident and/or illness coverage.

2. Write a brief summary (300 words or less) of the case. Please include signalment, description of medical condition and treatment.



EXAMPLE SIGNALMENT FOR MINNIE:

Minnie is a four-month-old female Domestic Shorthair; she was injured ("hit-by-car") one hour prior to presentation. Diagnosis was a simple mid-shaft fracture of her left radius, with secondary cardiovascular compromise ("shock") and abrasions. Repair of the left radius was via IM Pin. Shock and abrasions were treated as well.

3. Go to <http://students.petinsurance.com>. Click on the "Download Forms" link to obtain and complete a VPI Claim Form for your state. Be sure to include a true diagnosis; do not substitute a procedure name for a diagnosis (e.g. Diagnosis: "Femur Fracture LH," NOT Procedure: "Radiographs").



EXAMPLE CLAIM FORM FOR MINNIE:



VPI PET INSURANCE CLAIM FORM

NO COVER SHEET NECESSARY. Fax to: 714-989-5600

No. of pages: _____

Take this form to your veterinarian to complete Section 2. Veterinarian's signature not required.

1 POLICYHOLDER INFORMATION

POLICY NO. F-67890
PET NAME: Minnie
BREED: Domestic Shorthair
AGE: 4 Months
NAME: Amanda Howard
ADDRESS: 123 Elm Street
CITY: Anytown
STATE: MD **ZIP:** 12345
PHONE (H): (111)555-1212
PHONE (B): _____
EMAIL: _____

2 Fill in below. **ONE CLAIM FORM PER PET.** You must submit itemized receipts. You must provide us with veterinary medical records when we request them. Claims that are NOT COMPLETE or MISSING itemized, legible receipts or invoices may be delayed.

WELLCARE TREATMENTS	TREATMENT DATE	HOSPITAL/ CLINIC
<input type="checkbox"/> Annual Exam		
<input type="checkbox"/> Annual Lab Tests		
<input type="checkbox"/> Vaccinations		
<input type="checkbox"/> Dental		
<input type="checkbox"/> Spay/Neuter		
<input type="checkbox"/> Heartworm/Flea Medication		

DIAGNOSIS(ES) Please provide a diagnosis, or a tentative diagnosis, not a description of services performed.	TREATMENT DATE	HOSPITAL/ CLINIC
<u>Femur Fracture LH IM Pin</u>	<u>05/15/08</u>	<u>College Park Animal Hospital</u>
<u>Shock, Abrasions - Right and Left Foreleg</u>		
<u>SECONDARIES</u>		

3 TOTAL AMOUNT SUBMITTED

\$ 1099.00

You must submit receipts for all veterinary service charges. All submitted fees may not be eligible for coverage. Fees that exceed benefit schedule limits are your responsibility.

By signing this Claim Form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize the release of my pet's medical records to Veterinary Pet Insurance Company/DVM Insurance Agency.

4 POLICYHOLDER SIGNATURE and DATE

X Amanda Howard 05/18/08

5

FAX:

(Preferred Method)

714-989-5600

OR

MAIL:

VPI Claims Department
PO Box 2344, Brea CA 92822

PLEASE DO NOT USE STAPLES, PAPER CLIPS OR TAPE to attach receipts or invoices to your claim form.

To download claim forms: petinsurance.com/forms
QUESTIONS? Customer Care Dept: 800-540-2016

VPI DOCUMENT CENTER
USE ONLY

CLAIMS NOTES (VPI use only)

4. Evaluate the invoice as if it was a claim submitted to VPI (see Appendix A for “Working the Numbers”). Assume the pet was covered by VPI’s Superior Plan with Pet WellCare Protection Premier Plan (see Appendix B for benefit amounts if WellCare items are included on invoice).
5. Calculate the claim reimbursement amount and the final amount paid out-of-pocket. Compare this out-of-pocket cost to the amount an uninsured client would pay (i.e., the total invoiced amount).
6. When completed, combine invoice, signalment, claim form and calculations in an envelope with your name, email address and college legibly written or typed on the front. Submit your entry to your competition coordinator.

APPENDIX A

WORKING THE NUMBERS

ACCIDENTS, ILLNESS and INJURY:

1. VPI Superior Plan for Accidents, Illness, Injury:
 - a. **Review policy statements and Benefit Schedule to determine what is eligible** (e.g. FDA approved medications, laboratory tests, etc. are eligible, while over-the-counter (OTC) drugs and non-veterinary services, such as medical waste fees, food, e-collars, boarding, and grooming are not eligible)

Make sure you are familiar with non-covered items such as specific policy exclusions and congenital/hereditary conditions

 For information about conditions not covered, go to the following link on the VPI website: <http://www.petinsurance.com/coverage/whatsnotcovered.aspx>

2. How to read the Benefit Schedule:
 - a. Claims are paid based on the “allowance” for a specific diagnosis. VPI’s Benefit Schedule is separated into columns **A**, **B**, **C**, **D**, and **E**:
 - Column A:** Covers treatment for your primary diagnosis (examination, hospitalization, bandage changes, medication, procedure and/or surgery fees, etc.)
 - Column B:** Diagnostic Testing (CBC, Chemistry profile, radiographs, biopsy laboratory fee, etc.)
 - Column C:** Anesthesia
 - Column D: Chemotherapy/Radiation
 - Column E:** Secondary/Tertiary Diagnosis

SNAPSHOTS TAKEN FROM SUPERIOR PLAN BENEFIT SCHEDULE (UNDER MUSCULOSKELETAL, CARDIOVASCULAR, DERMATOLOGY) USED FOR MINNIE’S EXAMPLE CLAIM REIMBURSEMENT CALCULATION

VPI Superior Plan Benefit Schedule

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Diagnosis Allowance)
FRACTURES (2800)					
Surgical					
2830 IM Pin(s)	\$797	\$225	\$110	\$—	\$558
2831 Plate	1425	225	202	—	998
2832 Kirshner Apparatus	1325	225	151	—	546
2833 Radius Curvus Surgical	1105	225	110	—	430
2834 Bone Graft or TPLO Plate	—	—	—	—	210
CARDIOVASCULAR SYSTEM (1100)					
1111 Cardiovascular Collapse (Shock)	204	315	—	—	143
DERMATOLOGY (1300)					
1305 Abrasion	73	131	—	—	51

3. Calculating the reimbursement:
 - a. Separate each line item on the invoice into categories of **A**, **B**, **C**, **D** or **E**
 - b. Total all **A line items**, **All B line items**, **All C line items**, etc.
 e.g. Minne's totals:
A = \$835.00, **B = \$184.00**, **C = \$95.00**, **E = \$130.00**, **E = \$52.00**
 - c. Create a table with 3 columns
(See Example Table on page 6 for remainder of instructions)



EXAMPLE INVOICE FOR MINNIE:

DX - Hind Leg Fracture (1°), Shock (2°) and Abrasions (2°)

College Park Animal Hospital
 456 College Park
 Anytown, MD 12345
 (123)456-7890

Client: Amanda Howard
 Pet: Minnie
 Feline: DSH Age: 4 months
 Color: Grey tabby

Date	Patient	Description	Amount
05/15/08	Minnie	A - Office/Exam	50.00 (1° Diagnosis; Tx)
		A - Hospitalization	150.00 (1° Diagnosis; Tx)
		B - Radiographs	135.00 (1° Tests)
		B - Blood Chemistry	49.00 (1° Tests)
		C - Anesthesia	95.00 (1° Anesthesia)
		A - Injections	80.00 (1° Diagnosis; Tx)
		A - IM Pin	500.00 (1° Diagnosis; Tx)
		E - Fluid Therapy, ICU	130.00 (2° Diagnosis - Shock)
		E - Clean/Debride	52.00 (2° Diagnosis - Abrasion)
		A - Medications, Rx	55.00 (1° Diagnosis; Tx)
Balance Due:			\$1296.00



EXAMPLE TABLE FOR MINNIE'S INVOICE AND BENEFIT ALLOWANCE:

Benefit Schedule Column	Invoice Total	Benefit Allowance
A	835.00	797.00
B	184.00	225.00
C	95.00	110.00
D		
E	130.00 (secondary)	143.00
E	52.00 (secondary)	51.00

- In the 1st column, write the benefit schedule columns A – E (write additional “E” rows for each secondary diagnosis). In the 2nd column, write the invoice totals in the 3rd column, write the benefit allowances available.
- Circle the amount that is less between each invoice total and benefit allowance total in your table.
- Add the circled totals, e.g. \$797.00 + \$184.00 + \$95.00 + \$130.00 + \$51.00 = \$1257.00 (total amount eligible)
- Subtract the \$50 deductible from total eligible amount, e.g. \$1257.00 – \$50 = \$1207.00
- Then multiply remaining amount by 90%
 $\$1207.00 \times 0.90 = \mathbf{\$1086.30}$

Amount client was reimbursed = **\$1086.30**

Amount client paid out-of-pocket = \$209.70

Amount client would have paid without insurance = \$1296.00

APPENDIX B

WELLCARE (Vaccines, fecal exams, etc):

1. WellCare Protection Premier Plan:
 - a. Reimburses flat amount for designated items (see Wellcare Protection Premier Coverage in Appendix B for benefit amounts)
 - b. No deductible

Pet WellCare Protection SM Premier & Core Coverage Rider



Wellcare Description	Premier		Core	
	Benefit	Annual Total	Benefit	Annual Total
Wellness Exam (2 per year)	\$30	\$60	\$20	\$40
Vaccinations OR Titters	\$35	\$35	\$30	\$30
Heartworm Test or Fely/FIV Test	\$30	\$30	\$25	\$25
Fecal Test	\$15	\$15	\$15	\$15
Deworming	\$20	\$20	\$20	\$20
Microchip	\$20	\$20	\$20	\$20
Flea &/or Heartworm Preventative	\$50	\$50	\$50	\$50
Blood Screen or X-ray or EKG	\$50	\$50	\$50	\$50
Urinalysis OR ERD (Kidney Test)	\$20	\$20	-	-
Dental Cleaning OR Spay/Neuter	\$100	\$100	-	-
Total Annual Benefits Available		\$400		\$250
Premium Amount (added to plans base Medical coverage)		\$264 (\$22/mo)		\$144 (\$12/mo)



If you have questions, please call VPI's Veterinary Service Center to speak to one of our Veterinary Service Representatives:
866-VET-4VPI
866-838-4874

NATIONAL CASUALTY COMPANY

Home Office: Madison, WI 53703-2783

A Stock Insurance Company

Administrative Office: 8877 N. Gainey Center Dr., Scottsdale, AZ 85258 • 1-800-423-7675

DIRECT ALL INQUIRIES AND CLAIMS TO:

DVM Insurance Agency: 3060 Saturn Street • Brea, CA 92821-6200 • 1-800-540-2016 • 714-989-0555

VPI® SUPERIOR PLAN–COVERAGE FORM

1. INSURING CLAUSE

In return for **your** payment of premium when due and **your** compliance with the provisions of this policy, **we** will pay **your** incurred policy benefits as listed under "Benefit Provisions." **We** will pay only those **veterinary services** expenses **you** incur during the policy term. Benefit payments are subject to all exclusions, limitations, and **conditions** of this insurance policy.

2. DEFINITIONS: We define words or phrases in your policy. **We** identify these terms with **bold typeface**.

Congenital disorder	Means an abnormality present at birth, whether apparent or not, that can cause illness or disease. See Section 8 for examples.
Condition	Means an illness, injury, or disease. All manifestations of clinical signs or symptoms of an illness, injury, or disease, regardless of the number of affected areas of your pet's body, constitute one condition .
Curable	Means capable of being cured .
Cured	Means resolution of a condition so that ongoing or intermittent treatment is not required and recurrences or complications are not expected.
Hereditary disorder	Means an abnormality transmitted by gene(s) from parent to offspring, whether apparent or not, that can cause illness or disease.
Incident	Means any condition that causes you to consult a veterinarian . Chronic or ongoing conditions , e.g. allergic dermatitis, will be considered one incident no matter how many times you consult a veterinarian .
Pet	Means the animal identified on the Declarations Page or Renewal Certificate of your policy.
Plan E	Means the Veterinary Pet Insurance Superior Plan.
Pre-existing condition	Means any condition that began or was contracted, manifested, or incurred before the effective date of this policy, whether or not the condition was discovered, diagnosed, or treated.
Specialist	Means a diplomate of a specialty board recognized by the American Veterinary Medical Association.
Veterinarian	Means a legally licensed veterinary practitioner.
Veterinary services	Means medical treatment provided by or under the direct supervision of a veterinarian .
Void	Means declaring during the policy term that your policy is not in force and has no effect.
We or us	Means the company providing this insurance.
You or your	Means the policyholder listed on the Declarations Page or Renewal Certificate of this insurance policy.

3. POLICY EFFECTIVE DATE

Your policy will be in effect at the time and date shown on **your** Declarations Page or Renewal Certificate. For **Plan E**, the effective date will be not less than fourteen (14) calendar days after **we** accept and approve the application and the premium is paid to **us**.

4. BENEFIT PROVISIONS–PLAN E

- A. **We** will pay reasonable and necessary **veterinary services** expenses for **your pet's condition** that occurs and is treated during the policy term. To be eligible for payment, **your pet's condition** must come within a primary diagnostic code listed on the Superior Plan Benefit Schedule. Each **condition** is eligible for payment under only one primary diagnostic code and any applicable secondary diagnostic code, per **incident**.
- B. The amount **we** will pay for any **condition** covered by this policy is determined by: (1) **your veterinary services** expenses, (2) the Benefit Schedule, and (3) **your** deductible. **We** will pay 90% of covered **veterinary services** expenses up to a maximum of 90% of the Benefit Schedule diagnostic code that applies to **your pet's condition**, less **your** deductible.
- C. Payments under this insurance policy are limited to a maximum of \$4,500 per **incident** and a maximum of \$14,000 for each policy term.

- D. If **your pet** has a **condition** requiring **your** primary **veterinarian** to refer **your pet** to another **veterinarian** who is a **specialist**, **you** will receive a second Benefit Schedule allowance for **your pet's** treatment by the **specialist**. This additional allowance applies once per **incident** and does not increase **your** policy's maximum benefit per **incident** or the maximum benefit for each policy term.

5. DEDUCTIBLE

We specify **your** deductible on the Declarations Page or Renewal Certificate of **your** policy. **Your** deductible will apply once to each **incident** during the policy term.

6. CO-PAYMENT

We specify **your** co-payment on the Declarations Page or Renewal Certificate of **your** policy. **We** will apply a co-payment to each claim.

7. ASSIGNMENT OR TRANSFER OF POLICY

You may not assign this policy in whole or in part to any other person or for any other **pet**.

8. WHAT WE DO NOT COVER: EXCLUSIONS

This policy will not pay for:

- A. **Pre-existing conditions.** A **condition** is not **pre-existing** if it was **cured** before the effective date of this insurance policy and there has not been a recurrence or manifestation of the **condition** for at least six (6) months.
- B. The **conditions** listed on the Declarations Page or Renewal Certificate of **your** policy.
- C. The diagnosis, medical management or surgical correction of anterior cruciate ligament (ACL) damage or rupture to **your pet** that occurs during the first 12 calendar months this policy is in effect.
- D. The following musculoskeletal disorders: (1) hip dysplasia, (2) elbow dysplasia, (3) osteochondritis dissecans, (4) aseptic necrosis of the femoral head, (5) cervical vertebral instability, and (6) patellar luxation.
- E. The following urinary tract disorders: (1) renal dysplasia, and (2) cystine urolithiasis.
- F. The following ocular disorders: (1) prolapsed gland of the 3rd eyelid, (2) everted, scrolled or inverted cartilage of the 3rd eyelid, (3) distichiasis, (4) ectopic cilia, (5) ectropion, (6) entropion, (7) primary glaucoma, (8) retinal dysplasia, (9) progressive retinal atrophy, (10) corneal dystrophy, including indolent ulcers in pets 6 years of age and older, and (11) cataracts of dogs 6 years of age and younger unless secondary to documented injury or diabetes mellitus.
- G. The following endocrine disorder: (1) sex hormone dermatosis and (2) growth hormone dermatosis.
- H. The following respiratory disorder: (1) Collapsed trachea.
- I. The following multi-systemic disorder: (1) histiocytosis (cutaneous, systemic or malignant).
- J. Diagnosis or treatment of any **congenital disorder** or any condition resulting from the **congenital disorder**. Examples of **congenital conditions** are blood clotting deficiencies, portosystemic shunts, urinary track calculi secondary to metabolic defects, and **congenital** anatomical defects. This is not a complete list.
- K. Diagnosis or treatment of any **hereditary disorder** or any **condition** resulting from the **hereditary disorder**. **You** may obtain a list of **conditions we** regard as breed-specific **hereditary disorders** through our Web site, www.petinsurance.com or call **us** at 800-USA-PETS.
- L. Elective procedures or cosmetic surgeries including, but not limited to, tail docking, dewclaws, skin folds and nail trims.
- M. Expression of anal glands or anal sacculitis and removal of anal glands.
- N. Breeding, artificial insemination, or **conditions** related to pregnancy, including caesarean section, dystocia, or termination of pregnancy.
- O. Special diets, pet foods, vitamins, minerals and nutritional supplements, boarding or transport expenses, grooming costs and bathing—including medicated baths.
- P. Any disease preventable by vaccination. **We** will pay policy benefits if: (1) **your pet** was fully vaccinated for the disease and contracted the disease despite the prior vaccination, or (2) **your pet** was not vaccinated for the disease based on the protocol of **your pet's veterinarian**.
- Q. Diagnosis, treatment, training, or therapy for behavioral problems.
- R. Diagnosis of, or treatment for, internal or external parasites including, but not limited to, fleas, heartworms, and roundworms. **We** will not pay for preventive treatment or preventive diagnostics associated with internal or external parasites.
- S. Orthodontics, endodontics, or removal of deciduous teeth.
- T. Diagnostic test(s) or treatment(s) for **conditions** excluded or limited by this policy or tests or treatments for complications of **conditions** excluded or limited by this policy.
- U. Preventive treatment or diagnostics associated with preventive treatment.
- V. Routine examinations, vaccines, teeth cleaning or polishing.
- W. Spaying and neutering.

- X. Any injury to the insured **pet** caused intentionally by **you** or anyone who lives in **your** household.
- Y. Any **condition** caused directly or indirectly by war, terrorism, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination, regardless of cause.

9. OTHER INSURANCE

This insurance is excess over any other insurance whether collectable or not, that covers **your pet**.

10. TERMINATION OF INSURANCE

- A. The policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by mailing written notice to **you** at the address shown on the Declarations Page or Renewal Certificate of **your** policy ten (10) days before **we** cancel **your** policy.
- C. **You** may cancel **your** policy at any time by notifying **us** in writing.
- D. **We** will refund unearned premiums on a prorated basis if either **you** or **we** cancel **your** policy.

11. LIBERALIZATION

If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.

12. REVIEW

You may request a review: (1) if **we** deny **your** claim in whole or in part, or (2) to ask that **we** remove an excluded **condition** listed on the Declarations Page or Renewal Certificate of **your** policy. **Your** request must be in writing. **You** must provide **us** with all medical records and any other supporting documentation upon our reasonable request. **We** will not review requests to remove any excluded **condition** unless the **condition** has been **cured** for at least six (6) months before the date of **your** request. All review decisions are final.

13. INSURED'S DUTIES

- A. **You** must submit all itemized receipts of treatment from a **veterinarian** with **your** fully completed and legible claim form. In all cancer treatment claims, you may be required to submit documentation of a test or tests showing that **your pet** was treated for a malignant **condition**.
- B. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us**, upon our request.
- C. **You** must reasonably protect **your pet** from aggravation of any **condition**.
- D. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.
- E. **You** agree to provide **us** with all veterinary records when **we** request them.

14. DECLARATIONS

By accepting this policy, **you** agree that all the statements in **your** application and the declarations are true and that **you** have provided **us** with all material information about **your pet's** medical **condition**. **You** affirm that the policy and the Riders are the entire and only agreements between **you** and **us**.

15. FRAUD AND CONCEALMENT

We will void **your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and **void your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.

16. INSTALLMENT PAYMENT SERVICE CHARGE

If **you** elect to pay **your** premium in installments, **we** will charge **you** the installment fee listed on the Declarations Page or Renewal Certificate of **your** policy, per each installment payment.



VETERINARY PET INSURANCE SUPERIOR PLAN BENEFIT SCHEDULE

(Effective 4-07. Subject to change)

Column A
(Primary Diagnosis Allowance)

Column B
(Primary Diagnostic Testing Allowance)

Column C
(Primary Anesthesia Allowance)

Column D
(Primary Chemotherapy/Radiation)

Column E
(Secondary Diagnosis Allowance)

Column A is the benefit limit for the **Primary Diagnosis or Condition**. This includes exam, injections, hospitalization, treatment, surgery.

Column B is the benefit limit for the **Primary Diagnostic Testing Maximums** listed for the system the diagnosis is under. Specialized Diagnostic Test allowance as listed at the end of this schedule may also be eligible for coverage.

Column C is the benefit limit for **General Anesthesia** as it relates to the primary diagnosis.

Column D is the benefit allowance limit for **Chemotherapy and Radiation treatment** as it relates to the primary diagnosis.

Column E is the benefit limit for the condition if it is treated as a **Secondary Diagnosis or Condition**, concurrently with the **Primary Diagnosis or Condition**.

Code Diagnosis

Column A
(Primary Diagnosis Allowance)

Column B
(Primary Diagnostic Testing Allowance)

Column C
(Primary Anesthesia Allowance)

Column D
(Primary Chemotherapy/Radiation)

Column E
(Secondary Diagnosis Allowance)

CARDIOVASCULAR SYSTEM (1100)

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1101 Arrhythmia	\$159	\$315	\$—	\$—	\$111
1102 Arterial Thromboembolism	370	315	—	—	259
1103 Cardiomyopathy	216	315	—	—	151
1104 Neoplasia Heart & Pericardium-Surgical	430	315	125	300/1200*	301
1105 Myocarditis-Endocarditis	182	315	—	—	127
1106 Pericardial Effusion	380	315	79	—	266
1107 Congestive Heart Failure	294	315	—	—	207
1108 Valvular Heart Disease	118	315	—	—	78
1109 Neoplasia (Peripheral Vessels)	294	315	79	300/1200*	206
1110 Cardiac Arrest	180	315	—	—	126
1111 Cardiovascular Collapse (Shock)	204	315	—	—	143
1114 Pacemaker	1400	315	210	—	980
1115 Hypertension	103	315	—	—	72
1121 Syncope	159	315	—	—	111
8110 Secondary Tests (Cardiovascular)**	—	—	—	—	205

DIGESTIVE SYSTEM (1200)

Esophageal Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1201 Acquired Achalasia	\$395	\$236	\$—	\$—	\$276
1202 Esophagitis	143	236	—	—	100
1203 Foreign Body Endoscopy	181	236	79	—	126
1205 Foreign Body-Surgical	1200	236	125	—	840
1207 Neoplasia, Esophagus-Surgical	700	236	125	300/1200*	497
1208 Megaesophagus-Medical	609	236	—	—	426
1209 Megaesophagus-Surgical	682	236	100	—	495

Abdominal Wall Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1211 Peritonitis-Medical	\$231	\$236	\$—	\$—	\$162
1212 Peritonitis-Surgical	884	236	125	—	619
1213 Peritoneal Neoplasia-Surgical	524	236	100	300/1200*	367
1214 Trauma-Herniation	381	236	89	—	267
1217 Exploratory-Surgical	—	—	—	—	405

Stomach Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1220 Foreign Body-Medical	\$140	\$236	\$—	\$—	\$98
1221 Foreign Body-Surgical	936	236	123	—	655
1222 Gastritis	136	236	—	—	85
1223 Gastric Dilatation-Medical	324	236	120	—	227
1224 Gastric Torsion-Surgical	1617	236	140	—	1132
1225 Neoplasia, Stomach-Surgical	799	236	120	300/1200*	559
1226 Gastric Ulcer	337	236	—	—	236
1227 Pyloric Stenosis-Surgical	700	236	100	—	195
1228 Pyloric Stenosis-Medical	130	236	—	—	63
1230 Hemorrhagic Gastroenteritis	352	236	—	—	246
1235 P.E.G. Tube	—	—	—	—	150

Small Intestine Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1240 Endotoxic Shock	\$378	\$236	\$—	\$—	\$265
1241 Enteritis	83	236	—	—	58
1242 Foreign Body-Medical	205	236	—	—	85
1243 Foreign Body-Surgical	1018	236	109	—	713
1244 Intussusception-Surgical	900	236	125	—	630
1246 Neoplasia, Small Intestine-Surgical	870	236	110	300/1200*	609
1247 Mesenteric Volvulus	900	236	125	—	630
1248 Intestinal Resection	1200	236	125	—	840
1249 IBD (Biopsy required)	478	236	95	—	239
4010 Lymphangiectasia, Acquired (Biopsy required)	478	236	95	—	239

Code Diagnosis

Large Intestine Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1250 Colitis	\$98	\$236	\$—	\$—	\$ 69
1251 Megacolon-Acquired-Medical	175	236	—	—	122
1255 Neoplasia, Large Intestine-Surgical	616	236	125	300/1200*	368
1256 Rectal Polyps-Surgical/Endoscopy	167	236	95	—	89
1257 Rectal Prolapse-Medical	229	236	74	—	160
4011 Constipation	98	236	—	—	69
8120 Secondary Tests (Digestive)**	—	—	—	—	154

Perineal Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1262 Perianal Fistula-Medical	\$241	\$152	\$—	\$—	\$169
1263 Perianal Fistula-Surgical	306	152	100	—	189
1264 Perineal Hernia-Surgical	600	152	110	—	420
1265 Perineal Neoplasia	379	152	95	300/1200*	256
1266 Perineal Hygroma	100	152	79	—	52
4021 Anal Sac Neoplasia	365	152	95	300/1200*	256
8126 Secondary Tests (Perineal)**	—	—	—	—	98

Exocrine Pancreatic Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1270 Pancreatitis	\$388	\$205	\$—	\$—	\$272
1271 Exocrine Pancreatic Insufficiency	166	205	—	—	116
1274 Pancreatic Abscess-Surgical	835	205	100	—	394
8127 Secondary Tests (Exocrine Pancreatic)**	—	—	—	—	133

Gall Bladder Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1280 Choleliths-Surgical	\$1000	\$196	\$94	\$—	\$394
1281 Cholangitis	245	196	—	—	172
1282 Ruptured Bile Duct-Surgical	1200	196	125	—	394
1283 Neoplasia, Gall Bladder-Surgical	900	196	125	300/1200*	630
8128 Secondary Tests (Gall Bladder)**	—	—	—	—	127

Hepatic Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1290 Hepatitis	\$225	\$184	\$74	\$—	\$158
1291 Cirrhosis	279	184	—	—	195
1292 Neoplasia, Hepatic-Surgical	665	184	115	300/1200*	466
1293 Hepatic Abscess-Surgical	789	184	115	—	552
1294 Trauma-Surgical	860	184	115	—	602
1297 Hepatic Encephalopathy	—	—	—	—	105
4040 Lipidosis	225	184	74	—	158
8129 Secondary Tests (Hepatic)**	—	—	—	—	120

DERMATOLOGY (1300)

Wounds

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1301 Foreign Body	\$141	\$131	\$74	\$—	\$99
1302 Laceration or Bite Wound	154	131	74	—	108
1303 Lacerations (Multiple)	275	131	95	—	192
1304 Puncture	97	131	74	—	68
1305 Abrasion	73	131	—	—	51
1306 Abscess or Granuloma	163	131	84	—	114
1307 Burn	116	131	—	—	81
1308 Seroma	107	131	—	—	75
1310 Skin Graft	—	—	—	—	200
1312 Bite Wounds (Multiple)	275	131	95	—	192
8130 Secondary Tests (Wounds)**	—	—	—	—	85

Dermatoses

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1320 Acanthosis Nigrans	\$96	\$168	\$—	\$—	\$48
1321 Acne	94	168	—	—	66
1322 Atopic or Allergic Dermatitis	107	168	—	—	64
1323 Dermatomyositis	100	168	—	—	70
1324 Dermal Cyst	109	168	70	—	76
1325 Endocrine Alopecia	88	168	—	—	62
1326 Pyoderma	108	168	—	—	76
1327 Seborrhea	69	168	—	—	48
1328 Lick Granuloma	113	168	—	—	79
1329 Neoplasia (Benign)	155	168	80	—	105
1331 Immune Mediated Skin Disease	202	168	—	—	141
1332 Eosinophilic Ulcer or Eosinophilic Granuloma	127	168	—	—	89
1333 Allergic Reaction	94	168	—	—	66
1335 Folliculitis	116	168	—	—	81
1336 Mast Cell Tumor	350	168	105	300/1200*	245
1337 Lipoma	126	168	85	—	88
1342 Histiocytoma	133	168	80	—	93
1343 Fibrosarcoma	399	168	105	300/1200*	279
1344 Hemangiopericytoma	561	168	124	300/1200*	393
1345 Feline Fibrosarcoma	270	168	100	300/1200*	135
1346 Paronychia	134	168	80	—	94
1350 Cellulitis	94	168	—	—	66
1352 Dermatophytosis	100	168	—	—	70
1353 Miliary Dermatitis	88	168	—	—	62
1354 Hot Spots	108	168	—	—	76

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$300 per treatment up to a maximum of \$1200. Proof of malignancy required.

**System Secondary Test Benefits may only be used once for each incident.

Continued from page 1

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
1355 Calcinososis	\$116	\$168	\$—	\$—	\$81
1356 Squamous Cell Carcinoma	350	168	105	300/1200*	245
1357 Adenoma	126	168	85	—	88
1358 Malignant Melanoma or Melanosarcoma	399	168	105	300/1200*	279
1359 Plasmacytoma	399	168	105	300/1200*	279
1361 Cutaneous Hemangiosarcoma	561	168	124	300/1200*	393
1363 Onychomycosis	134	168	80	—	94
1364 Liposarcoma (Infiltrative)	350	168	105	300/1200*	245
8132 Secondary Tests (Dermatoses)**	—	—	—	—	110

RESPIRATORY SYSTEM (1400)

Upper Airway

1401 Foreign Bodies	\$119	\$163	\$80	\$—	\$83
1402 Tonsillitis	108	163	—	—	76
1404 Laryngeal Edema	158	163	—	—	111
1405 Trauma	195	163	100	—	136
1406 Neoplasia, Upper Airway-Surgical	395	163	90	300/1200*	276
1407 Tonsillectomy	310	163	85	—	184
1408 Laryngitis	100	163	—	—	70
1409 Laryngeal Paralysis-Medical	203	163	85	—	142
1410 Laryngeal Paralysis-Surgical	1200	163	125	—	840

Trachea

1420 Tracheitis	\$80	\$163	\$74	\$—	\$56
1423 Foreign Body-Surgical	158	163	74	—	94
1425 Trauma	175	163	95	—	122
1427 Neoplasia, Tracheal-Medical	262	163	—	300/1200*	142
1428 Neoplasia, Tracheal-Surgical	525	163	115	300/1200*	352

Thorax

1440 Trauma	\$490	\$163	\$95	\$—	\$343
1441 Pulmonary Edema	241	163	—	—	169
1442 Bronchitis	115	163	—	—	77
1443 Asthma	115	163	—	—	77
1444 Pleural Effusion	412	163	89	—	288
1445 Neoplasia, Thorax-Surgical	1060	163	135	300/1200*	742
1446 Diaphragmatic Hernia-Surgical	1100	163	135	—	404
1447 Pneumonia	425	163	—	—	298
1448 Lung Torsion-Surgical	1400	163	130	—	624
1449 Pneumothorax	945	163	130	—	682
1450 Foreign Body-Surgical	682	163	100	—	404
1451 Mediastinal Disease	360	163	—	—	252
1452 Tracheobronchitis	95	163	—	—	66
1453 Neoplasia, Thorax-Medical	292	163	—	300/1200*	204
1454 Pyothorax	1600	163	120	—	1120
1455 Chylothorax	1600	163	120	—	1120
1458 Chest tube	—	—	—	—	150
8140 Secondary Tests (Respiratory)**	—	—	—	—	106

REPRODUCTIVE SYSTEM (1500)

Vaginal Disorders

1501 Vaginitis	\$100	\$136	\$—	\$—	\$70
1504 Vaginal Foreign Body-Surgical	131	136	85	—	52
1505 Trauma	194	136	92	—	105
1506 Neoplasia, Vaginal-Surgical	340	136	110	300/1200*	176

Uterine Disorders

1510 Metritis-Medical	\$175	\$136	\$—	\$—	\$74
1511 Pyometra-Surgical	574	136	110	—	392
1512 Prolapse-Surgical	273	136	90	—	142
1513 Uterine Neoplasia	210	136	90	300/1200*	120
1514 Ovarian Neoplasia	210	136	90	300/1200*	120

Mammary Gland Disorders

1520 Mastitis	\$86	\$136	\$—	\$—	\$74
1521 Mastectomy-Partial	305	136	100	300/1200*	214
1522 Mastectomy-Radical	500	136	120	300/1200*	350
1526 Lumpectomy	175	136	80	—	122

Testicular Disorders

1530 Neoplasia, Testicular-Surgical	\$175	\$136	\$80	\$300/1200*	\$122
1531 Orchitis	175	136	80	—	122
1532 Torsion-Surgical	175	136	80	—	122
1535 Epididymitis	175	136	80	—	122

Disorders of the Penis & Prepuce

1540 Paraphimosis	\$80	\$136	\$—	\$—	\$52
1541 Trauma	96	136	74	—	68
1542 Neoplasia, Penis or Prepuce	186	136	74	300/1200*	133
1543 Foreign Body-Surgical	121	136	79	—	85
1544 Balanoposthitis	89	136	—	—	62

Code Diagnosis

Disorders of the Prostate

1550 Neoplasia, Prostrate-Surgical	\$581	\$136	\$105	\$300/1200*	\$407
1551 Prostatitis Medical	181	136	—	—	127
1552 Prostatitis-Surgical-Castration	175	136	80	—	122
8150 Secondary Tests (Reproductive)**	—	—	—	—	89

CHEMICAL AND PHYSICAL DISORDERS (1600)

Poisoning

1601 Metaldehyde	\$356	\$147	\$80	\$—	\$142
1602 Strychnine	200	147	74	—	142
1603 Ethylene Glycol (Antifreeze)	281	147	—	—	185
1604 Organophosphate (Carbamate)	246	147	—	—	172
1605 Rodenticide Toxicity	248	147	—	—	174
1606 Household Chemicals	162	147	—	—	113
1607 Drug Reactions	197	147	—	—	138
1608 Toad Poisoning	205	147	—	—	124
1609 Plant Poisoning	181	147	—	—	127
1610 Walnut Poisoning	232	147	—	—	168
1611 Drug Overdose	296	147	—	—	207
1612 Methylxanthine	169	147	74	—	78
1613 Alcohol Toxicity	280	147	—	—	126
1615 Heavy Metals (Lead/Zinc)	446	147	—	—	312
1617 Drug Toxicity	248	147	—	—	174

Physical Disorders

1650 Insect Bites & Stings	\$102	\$147	\$—	\$—	\$71
1651 Snakebite	588	147	90	—	260
1652 Near Drowning	163	147	—	—	92
1653 Heat Stroke (Hyperthermia)	304	147	—	—	213
1654 Hypothermia	120	147	—	—	84
1655 Frostbite	310	147	74	—	105
1656 Electric Shock	132	147	—	—	89
1657 Hypoglycemia	189	147	—	—	130
1658 Antivenom	—	—	—	—	400
1659 Dehydration	—	—	—	—	89
1661 Vaccine Reaction	145	147	—	—	85
8160 Secondary Tests (Chemical & Physical)**	—	—	—	—	96

URINARY SYSTEM (1700)

Kidney

1701 Nephrolithiasis-Medical	\$232	\$173	\$—	\$—	\$155
1703 Nephrotic Syndrome	180	173	—	—	126
1706 Neoplasia, Renal-Surgical Biopsy	457	173	110	300/1200*	320
1707 Nephrectomy	1200	173	156	—	840
1709 Glomerulonephritis (Biopsy required)	383	173	95	—	268
1715 Kidney Transplant	1465	173	120	—	821
1716 Chronic Renal Failure	285	173	—	—	200
1717 Hypertension	103	173	—	—	72
1718 Acute Renal Failure	346	173	—	—	204
1723 Uremia	180	173	—	—	126
1724 Pyelonephritis	285	173	—	—	200

Bladder

1801 Urolithiasis-Surgical	\$668	\$173	\$110	\$—	\$468
1802 Cystitis	102	173	—	—	68
1803 Trauma (Ruptured Bladder)	760	173	110	—	532
1804 Neoplasia, Bladder	595	173	110	300/1200*	416
1805 Feline Lower Urinary Tract Disease	157	173	74	—	110
1806 Urinary Incontinence or Atony	81	173	—	—	57
1809 Urolithiasis-Medical	125	173	—	—	88

Urethra

1901 Urethrolithiasis-Surgical	\$586	\$173	\$105	\$—	\$410
1902 Trauma/Urethritis	209	173	—	—	146
1903 Perineal Urethrostomy	1100	173	120	—	770
1905 Neoplasia, Urethral	572	173	90	300/1200*	400
8170 Secondary Tests (Urinary)**	—	—	—	—	112

INFECTIOUS DISEASES (2000)

2001 Papillomatosis	\$123	\$165	\$—	\$—	\$88
2002 Salmonellosis	89	165	—	—	62
2003 Parvovirus	468	165	—	—	328
2005 Canine Coronavirus	240	165	—	—	119
2006 Feline Upper Respiratory Infection	102	165	—	—	71
2007 FIP	324	165	—	—	250
2008 Hemobartonella (Mycoplasmosis)	181	165	—	—	127
2009 Panleukopenia	440	165	—	—	198
2010 Canine Distemper	320	165	—	—	192
2013 Brucellosis	178	165	—	—	89
2014 Leptospirosis	385	165	—	—	270

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$300 per treatment up to a maximum of \$1200. Proof of malignancy required.
 **System Secondary Test Benefits may only be used once for each incident.

Continued from page 2

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Allowance)
2015 Tetanus	\$430	\$165	\$—	\$—	\$247
2016 Botulism	326	165	—	—	195
2017 Valley Fever/Coccidioidomycosis	278	165	—	—	195
2019 Feline Leukemia	354	165	—	—	248
2020 Fever of Unknown Origin	113	165	—	—	79
2021 Rickettsia (Ehrlichia)	210	165	—	—	139
2022 Salmon Disease	210	165	—	—	139
2023 Lyme Disease	87	165	—	—	61
2024 Rocky Mountain Spotted Fever	210	165	—	—	139
2039 Herpes Virus	165	165	—	—	116
2040 Blastomycosis-Systemic Mycosis	278	165	—	—	195
2041 Histoplasmosis-Systemic Mycosis	278	165	—	—	195
2042 Cryptococcosis-Systemic Mycosis	278	165	—	—	195
2043 Bartonella	87	165	—	—	61
2044 Clostridiosis	89	165	—	—	62
2045 Tuberculosis	178	165	—	—	89
2046 FIV	354	165	—	—	248
2048 Canine Influenza	240	165	—	—	119
8200 Secondary Tests (Infectious Diseases)**	—	—	—	—	107

OPHTHALMOLOGY (2100)

2102 Eyelid Neoplasia-Surgical	\$199	\$105	\$85	\$300/1200*	\$139
2105 Plugged Tear Duct	91	105	—	—	64
2106 Corneal Edema	105	105	—	—	74
2107 Conjunctivitis	67	105	—	—	47
2108 Keratitis Sicca-Medical	121	105	—	—	85
2109 Keratitis Sicca-Surgical	480	105	100	—	236
2110 Corneal Ulcer-Medical	116	105	80	—	81
2111 Corneal Ulcer-Surgical	377	105	84	—	264
2112 Descemetocele-Surgical	685	105	86	—	480
2114 Iritis	146	105	—	—	102
2115 Secondary Glaucoma-Medical	192	105	—	—	134
2116 Secondary Glaucoma-Surgical	506	105	100	—	354
2117 Cataracts-Surgical	1016	105	120	—	711
2118 Lens Luxation-Surgical	890	105	110	—	623
2119 Retrobulbar Abscess	221	105	90	—	142
2120 Iris Prolapse-Surgical	470	105	110	—	329
2121 Foreign Body	141	105	80	—	99
2122 Meibomian Cyst	134	105	80	—	94
2123 Proptosed Eye	346	105	80	—	242
2126 Enucleation	438	105	100	—	307
2127 Keratectomy	690	105	100	—	310
2129 Neoplasia, Ocular-Surgical	350	105	110	300/1200*	276
2131 Blepharitis	110	105	—	—	77
2132 Trauma	127	105	80	—	89
2134 Retinal Detachment-Medical	198	105	—	—	139
2135 Retinal Degeneration	139	105	—	—	97
2136 Cataract-Medical	117	105	—	—	82
2137 Retinal Detachment-Surgical	315	105	85	—	178
2148 Lens Implant	—	—	—	—	150
2156 Uveitis	146	105	—	—	102
2157 Retinitis	146	105	—	—	102
2158 Episcleritis	110	105	—	—	77
8210 Secondary Tests (Ophthalmic)**	—	—	—	—	68

NEUROLOGY (2200)

2202 Coon Dog Paralysis	\$422	\$210	\$—	\$—	\$253
2203 Degenerative Myelopathy	254	210	—	—	178
2204 Encephalitis-Meningitis	473	210	—	—	331
2205 Epilepsy	168	210	—	—	81
2206 Intervertebral Disc Disease-Medical	161	210	—	—	113
2207 Intervertebral Disc Disease (Fenestration)	975	210	154	—	682
2208 Intervertebral Disc Disease (Laminectomy)	1875	210	253	—	1312
2210 Trauma	290	210	90	—	203
2211 Stroke	310	210	—	—	217
2213 Neuritis (Peripheral Nerve)	188	210	—	—	132
2215 Neoplasia, Brain or Spinal Cord-Medical	477	210	—	300/1200*	334
2216 Cauda Equina Syndrome-Surgical	1489	210	126	—	893
2217 Diskospondylitis	225	210	80	—	158
2218 Cauda Equina Syndrome-Medical	225	210	80	—	158
2220 Fibrocartilagenous Emboli	561	210	90	—	268
2221 Vestibular Syndrome	283	210	—	—	198
2222 Myasthenia Gravis	796	210	—	—	168
2223 Neoplasia, Brain or Spinal Cord-Surgical	1299	210	201	300/1200*	909
2227 Progressive Ataxia	135	210	—	—	94
2228 Degenerative Encephalopathy	125	210	—	—	88
2235 Craniotomy	—	—	—	—	1312
2236 Ambulation Device	—	—	—	—	200
2240 Horner's Syndrome	283	210	—	—	198
8220 Secondary Tests (Neurological)**	—	—	—	—	137

EAR (2300)

2301 Auricular Hematoma	\$268	\$79	\$90	\$—	\$188
2302 Solar Dermatitis	116	79	—	—	54
2303 Trauma	167	79	80	—	117
2304 Neoplasia, Pinna-Surgical	175	79	85	300/1200*	122
2305 Otitis Externa	109	79	80	—	66

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Allowance)
2306 Otitis Media-Medical	\$187	\$79	\$80	\$—	\$131
2307 Otitis Media-Surgical	300	79	85	—	210
2308 Foreign Body	115	79	80	—	80
2309 Lateral Ear Resection	624	79	100	—	437
2310 Ablation	1056	79	151	—	739
2311 Neoplasia, Ear Canal-Surgical	300	79	90	300/1200*	210
2313 Hearing Aid	310	79	89	—	226
2314 Otitis Interna-Medical	187	79	80	—	131
2315 Otitis Interna-Surgical	300	79	85	—	210
8230 Secondary Tests (Ear)**	—	—	—	—	51

NASAL CAVITY (2400)

2401 Rhinitis	\$103	\$126	\$74	\$—	\$72
2402 Sinusitis	103	126	74	—	72
2403 Foreign Bodies	137	126	90	—	96
2404 Trauma	135	126	75	—	94
2406 Neoplasia, Nasal or Sinus-Surgical	481	126	100	300/1200*	337
8240 Secondary Tests (Nasal)**	—	—	—	—	82

ORAL CAVITY (2500)

2502 Tooth Abscess	\$115	\$126	\$75	\$—	\$76
2503 Carnassial Abscess/Canine Tooth	176	126	85	—	123
2504 Neoplasia, Oral-Surgical	291	126	90	300/1200*	172
2505 Trauma	161	126	80	—	103
2506 Foreign Body	98	126	75	—	69
2507 Tongue Laceration	161	126	75	—	113
2508 Retropharyngeal Foreign Body	157	126	75	—	110
2509 Mandible Luxation	245	126	75	—	111
2510 Ulcerative Stomatitis	146	126	—	—	78
2511 Root Canal	502	126	110	—	351
2512 Oronasal Fistula	263	126	95	—	184
2513 Periodontitis-Medical	92	126	—	—	64
2514 Periodontitis-Surgical	210	126	89	—	147
2520 Feline Odontoclastic Disease	94	126	75	—	66
2521 Benign Oral Neoplasia	186	126	80	—	130
8250 Secondary Tests (Oral)**	—	—	—	—	82

SALIVARY GLAND (2600)

2601 Sialocele-Medical	\$113	\$158	\$—	\$—	\$79
2602 Sialocele-Surgical	430	158	95	—	257
2604 Neoplasia, Salivary Gland-Surgical	614	158	120	300/1200*	289
2605 Abscess	247	158	86	—	94
8260 Secondary Tests (Salivary)**	—	—	—	—	103

MUSCULOSKELETAL (2700)

2701 Cruciate Rupture-Medical (see policy)	\$110	\$152	\$75	\$—	\$77
2702 Cruciate Rupture-Surgical (see policy)	1207	152	125	—	845
2704 Luxation, Elbow-Closed Reduction	312	152	75	—	218
2705 Luxation, Elbow-Surgical	525	152	100	—	176
2706 Luxation, Hip-Closed Reduction	252	152	85	—	176
2708 Luxation, Hip-Surgical	900	152	123	—	630
2710 Myositis	159	152	—	—	111
2711 Osteoarthritis	155	152	—	—	92
2715 Osteomyelitis-Medical	250	152	—	—	175
2716 Osteomyelitis-Surgical	571	152	101	—	400
2717 Spondylosis	138	152	—	—	97
2720 Tendon Rupture (Cast)	290	152	100	—	203
2721 Tendon Rupture-Surgical	849	152	110	—	594
2722 Osteogenic Sarcoma-Medical	356	152	—	300/1200*	249
2723 Osteogenic Sarcoma-Surgical	952	152	120	300/1200*	488
2724 Sprain	76	152	—	—	53
2725 Bone Cyst-Medical	173	152	—	—	121
2726 Foreign Body, Foot	144	152	75	—	101
2727 Panosteitis	92	152	—	—	64
2728 Neoplasia, Muscle-Surgical	513	152	100	300/1200*	359
2729 Soft Tissue Trauma	95	152	—	—	66
2731 Dewclaw Amputation (Non-Elective)	158	152	80	—	111
2732 Tail Amputation	304	152	75	—	213
2733 Toe Amputation	380	152	90	—	266
2734 Torn Nail	111	152	75	—	78
2735 Hygroma-Medical	124	152	—	—	87
2736 Hygroma-Surgical	424	152	97	—	297
2737 Fore Leg Amputation	810	152	120	—	567
2738 Rear Leg Amputation	1100	152	120	—	770
2739 Synovitis	195	152	—	—	108
2740 Shoulder Luxation-Surgical	400	152	95	—	315
2741 Neoplasia, Jaw-Surgical	880	152	141	300/1200*	616
2742 Bone Fragment Joint-Surgical	411	152	100	—	288
2777 Hypertrophic Osteodystrophy	92	152	—	—	64
8270 Secondary Tests (Musculoskeletal)**	—	—	—	—	98

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$300 per treatment up to a maximum of \$1200. Proof of malignancy required.
 **System Secondary Test Benefits may only be used once for each incident.

Continued from page 3

Code Diagnosis

FRACTURES (2800)

Skull, Jaw, Scapula, Rib, Patella
Non-Surgical

	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
2801 Cage Rest	\$355	\$225	\$—	\$—	\$—
2802 Bandage	210	225	—	—	147
2803 Sling	247	225	—	—	100

Surgical

2811 Wire	\$487	\$225	\$90	\$—	\$341
2812 Pin(s) or K Wire	598	225	100	—	394
2813 Plate	774	225	110	—	542
2814 Kirshner Apparatus	640	225	94	—	420

Humerus, Femur, Radius, Ulna, Tibia

Non-Surgical

2820 Bandage (Rbt Jones/Temporary)	\$149	\$225	\$75	\$—	\$104
2821 Splint	245	225	75	—	172
2822 Cast	251	225	80	—	176

Surgical

2830 IM Pin(s)	\$797	\$225	\$110	\$—	\$558
2831 Plate	1425	225	202	—	998
2832 Kirshner Apparatus	1325	225	151	—	546
2833 Radius Curvus Surgical	1105	225	110	—	430
2834 Bone Graft or TPLO Plate	—	—	—	—	210

Pelvis & Vertebrae

Non-Surgical

2840 Cage Rest	\$279	\$225	\$—	\$—	\$—
----------------	-------	-------	-----	-----	-----

Surgical

2850 IM Pins/Wire/Screws	\$700	\$225	\$103	\$—	\$490
2851 Plate	1800	225	130	—	704
2852 Kirshner Apparatus	1190	225	100	—	609

Carpus, Metacarpus, Tarsus, Metatarsus, Phalanges

Non-Surgical

2860 Bandage	\$117	\$225	\$—	\$—	\$82
2861 Cast or Splint	209	225	75	—	146

Surgical

2870 Pins/Wires/Screws	\$956	\$225	\$110	\$—	\$669
2871 Plate Arthrodesis	1140	225	131	—	798
8280 Secondary Tests (Fractures)**	—	—	—	—	146

ENDOCRINOLOGY (2900)

Adrenal

2902 Addison's Disease	\$416	\$268	\$—	\$—	\$225
2903 Neoplasia, Adrenal-Surgical	746	268	110	300/1200*	522

Thyroid

2920 Hypothyroidism	\$72	\$268	\$—	\$—	\$50
2921 Hyperthyroidism	129	268	—	—	90
2922 Neoplasia, Thyroid-Surgical	442	268	90	300/1200*	309
2923 Hyperthyroidism (I-131)	880	268	100	—	348

Parathyroid

2940 Hyperparathyroidism	\$300	\$268	\$—	\$—	\$210
2942 Hypoparathyroidism	193	268	—	—	135
2943 Neoplasia, Parathyroid-Surgical	614	268	98	300/1200*	350

Pancreas (Endocrine)

2950 Diabetes Mellitus	\$300	\$268	\$—	\$—	\$210
2951 Islet Cell Tumor-Surgical	797	268	100	300/1200*	558

Pituitary

2960 Diabetes Insipidus	\$196	\$268	\$—	\$—	\$137
2961 Cushing's Disease	193	268	—	—	135
8290 Secondary Tests (Endocrine)**	—	—	—	—	174

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$300 per treatment up to a maximum of \$1200. Proof of malignancy required.

**System Secondary Test Benefits may only be used once for each incident.

Column A
(Primary Diagnosis
Allowance)

Column B
(Primary Diagnostic
Testing Allowance)

Column C
(Primary Anesthesia
Allowance)

Column D
(Primary Chemotherapy/
Radiation)

Column E
(Secondary
Diagnosis
Allowance)

Code Diagnosis

BLOOD DISORDERS (3000)

Blood Cell Disorders

3001 Immune Mediated Hemolytic Anemia	\$692	\$200	\$—	\$—	\$484
3003 Heinz-Body Anemia	210	200	—	—	157
3004 Anemia of Chronic Disease	139	200	—	—	97
3005 Aplastic-Hypoplastic Anemia	366	200	74	—	256
3006 Drug Induced Anemia	240	200	—	—	136
3007 Myeloproliferative Disorders	442	200	179	—	309
3008 Leukemia	385	200	74	300/1200*	270
3009 Septicemia	362	200	—	—	253
3010 Immune Mediated Neutropenia	409	200	74	—	200
3011 Transfusion	—	—	—	—	290
3014 Multiple Myeloma	378	200	74	300/1200*	265

Bleeding Disorders

3032 Thrombocytopenia/Platelet Disorder	\$325	\$200	\$—	\$—	\$228
3033 Drug Induced Disorders	331	200	—	—	232
3034 DIC (Dissem Intravascular Coag)	242	200	—	—	169
8300 Secondary Tests (Blood)**	—	—	—	—	130

LYMPHATIC DISORDERS (3100)

3101 Lymphadenitis	\$159	\$200	\$74	\$—	\$111
3102 Lymphnode Hyperplasia	188	200	74	—	132
3103 Lymphosarcoma	528	200	100	300/1200*	370
3104 Thymoma-Surgical	1400	200	74	300/1200*	980
8310 Secondary Tests (Lymphatic)**	—	—	—	—	130

SPLEEN DISORDERS (3200)

3201 Splenic Rupture-Surgical	\$807	\$160	\$120	\$—	\$336
3202 Splenic Torsion-Surgical	807	160	100	—	565
3203 Splenectomy	—	—	—	—	623
3204 Splenomegaly-Medical	154	160	—	—	108
3205 Neoplasia, Spleen-Surgical	801	160	100	300/1200*	561
8320 Secondary Tests (Spleen)**	—	—	—	—	104

IMMUNOLOGY (3300)

3302 Systemic Lupus Erythematosus	\$166	\$90	\$79	\$—	\$116
3303 Rheumatoid Arthritis	240	90	—	—	168
3304 Polyarthritis	264	90	—	—	185
8330 Secondary Tests (Immune)**	—	—	—	—	59

SPECIAL PROCEDURES

1000 Euthanasia	\$—	\$—	\$—	\$—	\$74
7000 Secondary Anesthesia Benefit***	—	—	—	—	80

***Secondary anesthesia benefits may be used for Specialized Diagnostic Tests when applicable.

SPECIALIZED DIAGNOSTIC TESTS ****

Allergin Test	\$135
Contrast Radiographs	150
CT Scan	800
Endoscopy	150
MRI Scan	800
Myelogram	135
Nuclear Imaging/Thyroid Scan	300
Spinal Tap/Culture & Analysis	90
Ultrasound/Echocardiogram	150

****This allowance is in addition to the maximum Diagnostic Allowances as listed for each diagnosis. Maximum benefit for Specialized Diagnostic Tests is \$1000 per incident.

Why VPI® Pet Insurance?

Pets and the unexpected always seem to find each other. And when they do, it often leads to large expenses that could make it hard for your clients to accept your recommendations. At VPI Pet Insurance, we try to make everyone's life a bit easier by providing your clients with the financial protection they may someday need. Designed with your veterinary practice in mind, our Superior Plan with Pet WellCare ProtectionSM coverage provides comprehensive care and promotes regular wellness visits. Meaning your clients can rest easy knowing they'll be able to receive a high level of care and make decisions based on their pets, not their wallets.

What follows are case studies demonstrating how VPI Pet Insurance has benefited clients, patients and clinics like yours.



Your Client Benefits

No worries. With VPI Pet Insurance, pet owners are protected against the unexpected. This helps clients stay focused on their pets and your recommendations when making important healthcare decisions. VPI reimburses expenses for a multitude of medical problems and conditions, including accidents, illnesses, cancer and emergencies.

Free to choose. Pet owners can visit any licensed veterinarian worldwide, including veterinary specialists. VPI does not require pre-authorization and does not limit policyholders to a veterinary network.

Your Patient Benefits

Frequent care. Studies show owners of insured pets visit their veterinarians more frequently than owners of non-insured pets. Having VPI Pet Insurance to help pay for veterinary treatment promotes better overall healthcare, detecting minor health problems early and prolonging a pet's life.

Routine care. The growing demand of routine care coverage means more pet owners are interested in visiting their veterinarians for preventive care. VPI's Pet WellCare ProtectionSM coverage provides annual reimbursements to encourage pet owners to maintain optimal healthcare of their furry loved ones.

Your Practice Benefits

Healthy decisions. When cost is no longer an overriding factor, clients can make decisions based on their veterinarian's recommendations, rather than focus on the cost of treatment.

Medical advances. Veterinary professionals can take advantage of medical advances and more sophisticated diagnostics and treatment protocols that benefit patients. Our goal is to support your practice of veterinary medicine, while minimizing the constraint of a client's ability to pay. VPI provides benefit allowances for chemotherapy and radiation, and diagnostics such as ultrasounds, CT scans and MRI's.

VPI Coverage Details

Plans and riders. Policyholders may choose from several full-coverage base medical plans: the Superior Plan, the Standard Plan and the Avian/Exotic Plan. VPI's optional Pet WellCare ProtectionSM rider is also available and provides reimbursements for preventive care including two wellness exams, flea and heartworm preventive, vaccinations, blood health screen, dental cleaning or spaying/neutering and urinalysis or ERD (kidney) testing and much more.

Cost. Dogs and cats must be at least six weeks old and under the age of 10 to be eligible for new enrollment. Premiums vary depending on species, age, medical plan selected and state of residence. Birds and exotic pets must be at least three months old at the time of enrollment and be in the owner's possession for at least 60 days. Premiums for birds and exotic pets are based on the adult size of the pet.

Benefits. VPI uses a benefit schedule to identify for policyholders the amount of reimbursement available for treatment, diagnostics, medications, surgeries, exam fees, emergency care and specialist tests. Policies have a \$50 per-incident deductible with benefits renewing for each new, unrelated incident.

Exclusions. To keep the cost of premiums affordable for all pets small and large, certain conditions are excluded from VPI's base medical plans:

- Pre-existing conditions
- Congenital or hereditary conditions
- Behavioral disorders
- Elective procedures, nutritional supplements, pet food and grooming.

For a complete list of exclusions, see VPI's Web site: www.petinsurance.com/coverage/whatsnotcovered.cfm

Case History 1: Multiple Lacerations

Signalment: "Thunder"
 1-year-old M-N Yorkshire Terrier
 Wt. 4.55 kg (10 lb)
 Indoors and outdoors
 Enrolled in VPI Superior Plan with Pet WellCare ProtectionSM Coverage at 4 months of age

Observation: While walking with his owner, Thunder curiously pushed his nose through an opening in a neighbor's wooden fence. To his surprise a dog on the other side bit his nose, drawing blood and leaving two deep puncture wounds.

Assessment: Thunder presented with blood coming from lacerations on dorsal rostrum. All other systems WNL.

Treatment: Sedate patient, then clean, flush and suture lacerations. Give an antibiotic injection and send home with oral antibiotics. Recheck wound in one week, sooner if fails to improve.



VPI PET INSURANCE CLAIM FORM

NO COVER SHEET NECESSARY. Fax to: 714-989-5600 No. of pages: _____

Take this form to your veterinarian to complete Section 2. Veterinarian's signature not required.

1 POLICYHOLDER INFORMATION

POLICY NO D-921336

PET NAME Thunder

BREED Yorkie

AGE 2 years

NAME Anna Maxfield

ADDRESS 524 Avocado Lane

CITY Palm Beach

STATE FL **ZIP** 33480

PHONE (H) 561-728-8668

PHONE (B) _____

EMAIL annamax@yaho.com

2 Fill in below. ONE CLAIM FORM PER PET. You must submit itemized receipts. You must provide us with veterinary medical records when we request them. Claims that are NOT COMPLETE or MISSING itemized, legible receipts or invoices may be delayed.

WELLCARE TREATMENTS	TREATMENT DATE	HOSPITAL/CLINIC
<input type="checkbox"/> Annual Exam		
<input type="checkbox"/> Annual Lab Tests		
<input type="checkbox"/> Vaccinations		
<input type="checkbox"/> Dental		
<input type="checkbox"/> Spay/Neuter		
<input type="checkbox"/> Heartworm/Flea Medication		

DIAGNOSIS(ES) <small>Please provide a diagnosis, or a tentative diagnosis, not a description of services performed.</small>	TREATMENT DATE	HOSPITAL/CLINIC
Lacerations	5/11/07	Palm Beach
Sedation and suture	" "	Animal Hospital
Antibiotics	" "	

3 TOTAL AMOUNT SUBMITTED

\$ 261.08

You must submit receipts for all veterinary service charges. All submitted fees may not be eligible for coverage. Fees that exceed benefit schedule limits are your responsibility.

5 FAX: (Preferred Method) **714-989-5600** **OR** **MAIL:** VPI Claims Department, PO Box 2344, Brea CA 92622

PLEASE DO NOT USE STAPLES, PAPER CLIPS OR TAPES to attach receipts or invoices to your claim form.

To download claim forms: petinsurance.com/forms
QUESTION? Customer Care Dept: 800-540-2016

By signing this Claim Form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize the release of my pet's medical records to Veterinary Pet Insurance Company/DVM Insurance Agency.

4 POLICYHOLDER SIGNATURE and DATE

Anna Maxfield 5/11/07

VPI DOCUMENT CENTER USE ONLY

CLAIMS NOTES (VPI use only)

Thunder's adjusted claim:

Procedures & Products	Fees	Benefit Allowance
Office exam	\$36	(included in treatment amount)
Medications	\$61.32	(included in treatment amount)
Multiple lacerations (1303)	\$127.76	TX=\$275
Anesthesia	\$37	\$95
Grand total	\$261.08	
Less deductible	-\$50	
Eligible expenses	\$211.08 (x.90)	

Thunder's owner was reimbursed \$189.97




Case History 2: Foreign Body Ingestion

Signalment: "Sable"
 2-year-old F-S Black Labrador Retriever
 Wt. 24 kg (53 lb)
 Indoors and outdoors
 Enrolled in VPI Superior Plan with Pet WellCare ProtectionSM Coverage at 1 year of age

Observation: Sable spent the afternoon chewing a toy with strings. To finish off the job, Sable swallowed the toy completely. Sable's owner wasn't alarmed by her occasional coughing until she vomited water and food. X-rays revealed the ingested toy.

Assessment: Upon presentation, Sable is slightly dehydrated and has a sensitive cranial abdomen upon palpation, but otherwise appears normal. Conducted lateral and VD views of the abdomen. Confirmed radiopaque object in distal stomach close to the pyloric sphincter. All parameters of pre-anesthetic blood work WNL. Treatment plan included: placement of an intravenous catheter and administer LRS, anesthesia and exploratory surgery to remove any foreign material found. Send home with antibiotics and pain medication.

Treatment: Anesthetize with atropine and ketamine/valium. Make midline incision and explore the stomach. Located and removed a piece of plastic from the pyloric area. Since it was a string item, checked the intestines thoroughly for other foreign body material; none found. Flush abdomen with warmed saline, close with 3-0 PDS, administer with torbutrol for pain and antibiotics. Normal recovery. Recommend soft foods for a couple days and monitor for vomiting. Send home with e-collar and recheck in 2 days, sooner if pet starts vomiting.



VPI PET INSURANCE CLAIM FORM

NO COVER SHEET NECESSARY. Fax to: 714-989-5600 No. of pages: _____

Take this form to your veterinarian to complete Section 2. Veterinarian's signature not required.

1 POLICYHOLDER INFORMATION

POLICY NO. 25-928868

PET NAME: Sable

BREED: Labrador Retriever

AGE: 2 years

NAME: Bob Edward

ADDRESS: 1975 Charleston Street

CITY: Costa Mesa

STATE: CA **ZIP:** 92626

PHONE (H): 714-745-5310

PHONE (B): _____

EMAIL: go2everest@gmail.com

2 Fill in below. ONE CLAIM FORM PER PET. You must submit itemized receipts. You must provide us with veterinary medical records when we request them. Claims that are NOT COMPLETE or MISSING itemized, legible receipts or invoices may be delayed.

WELL-CARE TREATMENTS	TREATMENT DATE	HOSPITAL/CLINIC
<input type="checkbox"/> Annual Exam		
<input type="checkbox"/> Annual Lab Tests		
<input type="checkbox"/> Vaccinations		
<input type="checkbox"/> Dental		
<input type="checkbox"/> Spay/Neuter		
<input type="checkbox"/> Heartworm/Flea Medication		

DIAGNOSIS(ES) <small>Please provide a diagnosis, or a tentative diagnosis, not a description of services performed.</small>	TREATMENT DATE	HOSPITAL/CLINIC
Foreign body ingested	11/18/06	South Coast Veterinary Clinic
X-ray	" "	
Blood work	" "	
Antibiotics	" "	
Anesthetics	" "	

3 TOTAL AMOUNT SUBMITTED

\$ 815.00

You must submit receipts for all veterinary service charges. All submitted fees may not be eligible for coverage. Fees that exceed benefit schedule limits are your responsibility.

5 FAX: **OR** **MAIL:**

(Preferred Method)
714-989-5600
714-989-5600

VPI Claims Department
 PO Box 2344, Brea CA 92822
 PLEASE DO NOT USE STAPLES, PAPER CLIPS OR TAPES
 to attach receipts or invoices to your claim form.

To download claim forms: petinsurance.com/forms
QUESTIONS? Customer Care Dept: 800-646-2016

4 POLICYHOLDER SIGNATURE and DATE

Bobby Edward 11/18/06

VPI DOCUMENT CENTER
USE ONLY

CLAIMS NOTES (VPI use only)

Sable's adjusted claim:

Procedures & Products	Fees	Benefit Allowance
Office exam	\$35	(included in treatment amount)
Gastric foreign body surgical treatment (1221)	\$350	TX=\$936
Testing	\$200	\$236
Anesthesia	\$150	\$123 (\$27 AEBSA*)
Dehydration (1659)	\$80	\$89
Grand total	\$815	
Less deductible	-\$50	
Less AEBSA	-\$27	
Eligible expenses	\$738 (x.90)	

Sable's owner was reimbursed \$664.20

*Amount Exceeding Benefit Schedule Allowance.



Case History 3: Electrical Cord Shock

Signalment: "Flip"
 7-year-old F-S Chartreux
 Wt. 3.18 kg (7 lb)
 Indoors and outdoors
 Enrolled in VPI Superior Plan with Pet WellCare ProtectionSM Coverage at 10 months of age

Observation: Flip became attracted to the bright white Christmas tree lights and began to gnaw on the electrical cord. Shortly thereafter, her owner witnessed Flip receiving an electrical shock from the cord.

Assessment: Flip presented with burns and blisters to the tongue, gingiva, and mucosa of the mouth. She was lethargic and her heart was slightly tachycardic. Flip's membranes were slightly pale with a slow CRT, indicating shock. All other systems were WNL.

Treatment: Placement of an intravenous catheter and administer LRS. Place cat on an EKG monitor for the day. Injection of dexamethasone. Clip and clean the wounds around the oral cavity. Injection of torbutrol for pain. Monitor for one day and send home with oral clindamycin to prevent infection in the oral cavity. Recommend feeding soft foods for a few days and apply panalog topically to the area around the mouth until healed. Recheck Flip in one week, sooner if does not eat or fails to improve.

Flip's adjusted claim:

Procedures & Products	Fees	Benefit Allowance
Office exam	\$45	(included in treatment amount)
Electrical shock (1656)	\$72	TX=\$132
Oral Trauma (2505)	\$103	\$103
Burns (1307)	\$81	\$81
Cardiovascular Collapse	\$143	\$143
Grand total	\$444	
Less deductible	-\$50	
Eligible expenses	\$394 (x.90)	

Flip's owner was reimbursed \$354.60

VPI PET INSURANCE CLAIM FORM

NO COVER SHEET NECESSARY. Fax to: 714-989-5600 No. of pages: _____

Take this form to your veterinarian to complete Section 2. Veterinarian's signature not required.

1 POLICYHOLDER INFORMATION

POLICY NO. F-374692

PET NAME Flip

BREED Chartreux

AGE 7 years

NAME Samantha Earnest

ADDRESS 134 82nd Street

CITY New York

STATE New York **ZIP** 10021

PHONE (H) 212-939-6019

PHONE (B) _____

EMAIL earnest7@aol.com

2 Fill in below. ONE CLAIM FORM PER PET. You must submit itemized receipts. You must provide us with veterinary medical records when we request them. Claims that are NOT COMPLETE or MISSING itemized, legible receipts or invoices may be delayed.

WELL-CARE TREATMENTS	TREATMENT DATE	HOSPITAL/CLINIC
<input type="checkbox"/> Annual Exam		
<input type="checkbox"/> Annual Lab Tests		
<input type="checkbox"/> Vaccinations		
<input type="checkbox"/> Dental		
<input type="checkbox"/> Spay/Neuter		
<input type="checkbox"/> Heartworm/Flea Medication		

DIAGNOSIS(ES) <small>Please provide a diagnosis, or a tentative diagnosis, not a description of services performed.</small>	TREATMENT DATE	HOSPITAL/CLINIC
Electrical shock	3/06/07	Metropolitan Pet Hospital
Burns	" "	
Oral trauma	" "	
Cardiovascular collapse	" "	

3 TOTAL AMOUNT SUBMITTED

\$ 444.00

You must submit receipts for all veterinary services charges. All submitted fees may not be eligible for coverage. Fees that exceed benefit schedule limits are your responsibility.

By signing this Claim Form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize the release of my pet's medical records to Veterinary Pet Insurance Company/DVM Insurance Agency.

5 FAX: (Preferred Method) **714-989-5600** **OR** **MAIL:** VPI Claims Department, PO Box 2344, Brent CA 92822

PLEASE DO NOT USE STAPLES, PAPER CLIPS OR TAPE to attach receipts or invoices to your claim form.

To download claim forms: petinsurance.com/forms

QUESTIONS? Customer Care Dept: 800-546-2016

4 POLICYHOLDER SIGNATURE and DATE

Samantha Earnest 3/06/07

VPI DOCUMENT CENTER USE ONLY

CLAIMS NOTES (VPI use only)

