



Physicians Mutual Insurance Company  
 Claim Services  
 PO Box 2316  
 Omaha, NE 68172-4081  
 1.800.228.9100  
 Fax 1.402.633.1207  
 PMPet.com

## EXPLANATION OF BENEFITS

[DATE]

Customer Name: [CUSTOMER NAME]	Pet Name: [PET NAME]	Policy Number: [POLICY NUMBER]
Annual Deductible: \$[ANNUAL DEDUCTIBLE]	Reimbursement Percentage: [REIMBURSEMENT PERCENTAGE]%	Annual Maximum: \$[ANNUAL MAXIMUM]

Claim Summary	
<b>Claim Number</b>	[INSERT CLAIM NUMBER]
<b>Service Provider</b>	[VET HOSPITAL NAME]
<b>Service Date</b>	[MM/DD/YYYY]
<b>Total Invoice Amount</b>	\$[99.99]

Claim Calculation	
<b>Total Submitted</b>	\$[99.99]
<b>Total Non-Wellness Covered</b>	\$[99.99]
<b>Deductible Applied</b>	\$[99.99]
<b>Amount Less Deductible</b>	\$[99.99]
<b>Non-Wellness Reimbursement Percent</b>	[99.99]%
<b>Total Wellness Covered</b>	\$[99.99]
<b>Total Wellness Payment</b>	<u>\$[99.99]</u>
<b>Total Claim Payment</b>	\$[99.99]

**Physicians Mutual Paid You \$[99.99]**

Check/Draft No. [999999999]



Physicians Mutual Insurance Company  
Claim Services  
PO Box 2316  
Omaha, NE 68172-4081  
1.800.228.9100  
Fax 1.402.633.1207  
PMPet.com

## Coverage Details

### Covered Services

*One or more services on the itemized invoice were found to be eligible for coverage.  
This may include diagnostics, treatments, hospitalizations, surgeries and more.*

**Total Covered Amount** \$[99.99]

### Excluded Services

*One or more services on the itemized invoice were found to be ineligible for coverage.  
See below for additional details.*

**Total Excluded Amount** \$[99.99]  
\$[99.99]

Invoice Line Item Description	Submitted Amount	Covered Amount
Description 1	\$[99.99]	\$[99.99]
Description 2	\$[99.99]	\$[99.99]
Description 3	\$[99.99]	\$[99.99]
Description 4	\$[99.99]	\$[99.99]
Description 5	\$[99.99]	\$[99.99]
Description 6	\$[99.99]	\$[99.99]
Description 7	\$[99.99]	\$[99.99]
Description 8	\$[99.99]	\$[99.99]
Description 9	\$[99.99]	\$[99.99]
Description 10	\$[99.99]	\$[99.99]
Description 11	\$[99.99]	\$[99.99]
Description 12	\$[99.99]	\$[99.99]
Description 13	\$[99.99]	\$[99.99]
Description 14	\$[99.99]	\$[99.99]
Description 15	\$[99.99]	\$[99.99]
<b>Total</b>	\$[99.99]	\$[99.99]



Physicians Mutual Insurance Company  
Claim Services  
PO Box 2316  
Omaha, NE 68172-4081  
1.800.228.9100  
Fax 1.402.633.1207  
PMPet.com

### Insurance Coverage Levels & Remaining Balances

Annual Deductible	[Annual Maximum Benefit]
Remaining Before This Claim: \$[99.99]	Remaining Before This Claim: \$[99.99]
Remaining After This Claim: \$[99.99]	Remaining After This Claim: \$[99.99]

**How to Appeal:** If you disagree, please submit any additional information pertinent to this claim. Once the additional documentation is received, it will be given our prompt attention. You may upload the documentation through My Account. Alternatively, you or your veterinarian may mail the documentation or fax to us at 1-402-633-1207. Be sure to include your policy number and claim number on your documentation if faxing or mailing. If additional information is received, we will promptly review your claim.