



SUCCEED® Healthy Gut Commitment

Veterinary Colic Expense Reimbursement Program

CLAIM FORM

Questions?
800-281-6727

M-F, 9AM to 5PM ET

Register at www.succeed-vet.com for copies of this form and complete Program terms.

Date: _____

Horse Name: _____

Owner Information

Name

Address

City/St/Zip

Phone

Summary of Required Documentation

Submit this form with the following:

- Signed affidavit from veterinarian
- Signed affidavit from horse owner
- Copies of invoices showing SUCCEED VF purchases
- Copies of veterinarians report showing evidence of colic treatment
- Copies of invoices/statement for medical services and/or surgical costs
- Copy of surgeon's report indicating cause of colic (for surgical claims)

See next page for complete Program Claim Procedures.

Veterinarian Information

Name of vet(s) including practice name and contact info involved in colic-related services:

Veterinarian/Practice – Medical Colic

Veterinarian Name

Alt Veterinarian

Practice Name

Address

City/St/Zip

Phone

Surgical Referral Center – Surgical Colic

Veterinarian Name

Alt Veterinarian

Clinic/Hospital Name

Address

City/St/Zip

Phone

Indicate whether this is a medical colic claim, a surgical claim or both: Medical Colic Surgical Colic

Vet where SUCCEED purchased (if different from vet involved in claim): _____

Prior vet(s) of record, if applicable: _____

Where payment is to be sent:

Name

Address

City/St/Zip

All forms and documentation may be submitted by U.S. Mail to the following address:

Freedom Health LLC
HGC Claims
65 Aurora Industrial Parkway
Aurora, OH 44202

Payments will be mailed within 14 days of approval.

Freedom Health's Veterinary Review Committee will review all claims and may request additional information to verify the claim and/or information.