

PET INSURANCE CLAIM FORM

HEALTHY PAWS

SECTION 1: POLICYHOLDER INFORMATION

Name: Phase Two Tester
Address: 123 Test Street, Test City, TS 12345
Phone: (555) 123-4567
Email: test-automation@petclaimhelper.com
Policy Number: TEST-HP-001

SECTION 2: PET INFORMATION

Pet Name: TestDog-HealthyPaws
Species: dog
Breed: Test Breed
Age: 5 years

SECTION 3: TREATMENT INFORMATION

Treatment Date: 2025-10-31
Veterinary Clinic: Animal Dermatology Clinic -Tustin
Clinic Address: 2965 Edinger Avenue, Irvine, CA 92602
Clinic Phone:

Diagnosis/Reason for Visit:
Exam - Medical Progress

SECTION 4: CLAIM AMOUNT

Itemized Charges:

| Description | Amount |
|-------------|--------|
|-------------|--------|

| | |
|------------------------------|----------|
| Exam - Medical Progress | \$160.00 |
| Clindamycin 150mg capsule | \$45.32 |
| Clindamycin 300mg capsule | \$30.44 |
| Patient Cared for by Vanessa | \$0.00 |
| Recheck 6 Months | \$0.00 |

TOTAL AMOUNT CLAIMED: **\$235.76**

SECTION 5: AUTHORIZATION & SIGNATURE

I hereby authorize the release of any medical records or information necessary to process this claim. I certify that the information provided in this claim form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in claim denial or policy cancellation.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files a claim containing any materially false information or conceals information may be guilty of insurance fraud.

Policyholder Signature:



Date Signed: November 20, 2025