

# PET INSURANCE CLAIM FORM

## HEALTHY PAWS

### SECTION 1: POLICYHOLDER INFORMATION

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**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

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

### SECTION 3: TREATMENT INFORMATION

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**Treatment Date:** 2025-10-13  
**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

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**Itemized Charges:**

Description	Amount
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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

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**TOTAL AMOUNT CLAIMED:** **\$235.76**

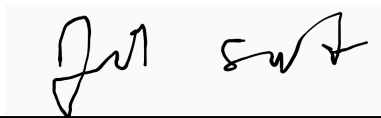
## SECTION 5: AUTHORIZATION & SIGNATURE

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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:**



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**Date Signed:** November 20, 2025