

## CLAIM FORM

Policyholder name: Larry Levin Preferred phone: (312) 305-0403

Your pet's name (please complete one form per pet): Neo

Your policy number (if known): TR-12345678

**Reason for treatment** - If unsure, please contact your hospital for more information

Hospital name: Paws & Whiskers Veterinary Clinic Treating veterinarian: Dr. Sarah Johnson

**Illness/injury:** Ear infection

Have you filed a claim for this condition previously?

☐ If yes, claim number: if known ☐ If no, date of first signs: 09/25/2025YY

**Illness/injury 2 (if applicable):** \_\_\_\_\_

Have you filed a claim for this condition previously?

☐ If yes, claim number: if known ☐ If no, date of first signs: MM / DD / YY

☐ **I have paid my bill in full.**

Reimburse by my selected payment method.

Call 855.266.2151 to set up direct deposit.

☐ **I have not yet paid my bill.**

Reimburse by the hospital's selected payment method.

Ask your vet if they will accept direct pay from Trupanion.  
They can contact us to set this up.

**Please note: Leaving this section unmarked will result in payment to you, the policyholder.**

**Your pet's info** - Complete only if you have not done so previously or if the information has changed

Date of birth: 01/15/2020 Date of adoption: 03/20/2020YY Spay/Neuter: ☐ No ☒ Yes Date: 04/01/2020YY

Is/was your pet insured under any other insurance provider? ☐ Yes ☐ No

If yes, provider name: \_\_\_\_\_ Cancel date: MM / DD / YY OR ☐ Policy still active

Please, list all hospitals your pet has visited:

Name: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

*Submission of this claim form authorizes all veterinarians that your pet has received treatment from to provide us with a copy of your pet's medical records and confirms all information provided is true and accurate to the best of your knowledge and belief.*

**Submit this completed form and hospital invoice by one of the following methods:**

Claims paid to you:



Claims@Trupanion.com



866.405.4536

Claims paid to Veterinarian:



VetDirectPay@Trupanion.com



866.729.2915



In order to avoid delays, all claims submitted must include a fully completed claim form and accompanying itemized invoice(s) with all treatment descriptions and charge amounts clearly visible.

For your protection, insurance laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

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