

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): nw4321124

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

Hospital name: Paws & Whiskers Veterinary Clinic Treating veterinarian: _____

Illness/injury: Ear Infection Check

Have you filed a claim for this condition previously?

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

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: 02/25/2025 Date of adoption: MM / DD / YY Spay/Neuter: No Yes Date: MM / DD / YY

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: Paws & Whiskers Veterinary Clinic City: Orange

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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