

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: 2025-10-13
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

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

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