

# 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:	2025-10-31
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

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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

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

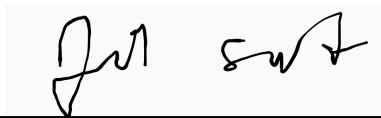
## SECTION 5: AUTHORIZATION & SIGNATURE

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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