

Claim Form**COORDINATE GRID LEGEND**

Red lines = X-axis (horizontal position)

Blue lines = Y-axis (vertical position)

Major lines every 100 points

Origin (0,0) = bottom-left corner

1. Complete Your Claim Form

Please complete all information below. Don't forget to sign and date!

2. Send Us Your Claim Form and Itemized InvoiceHelp us process your claim quickly. Email, fax, or mail us this claim form, your itemized veterinary invoice, and include your pet's complete medical records if this is your first claim. **We're unable to process a claim without your pet's medical records.****3. The Healthy Paws Team Processes Your Claim**

Our goal is to process your claim as quickly as possible. We typically complete the processing of your claim within ten business days. Some claims may take a little longer, depending on when we receive all of your pet's medical records.

YOUR POLICY INFORMATION**Policy Number:****Pet Name:****Pet Parent Name:****Pet Id:****Phone Number:****Email:****YOUR CLAIM INFORMATION****Invoice Number:** _____

Please refer to the veterinary invoice that you will submit with this claim.

Invoice Date: _____**Veterinary Hospital Name:** _____

\$ _____

Date when your pet first showed symptoms of this illness or injury: _____**What was your pet treated for?****Note:** If this is the first claim for your pet, please ask your veterinary hospital to include a copy of your pet's complete medical history with doctor's exam notes and any laboratory results.**Has your pet been seen by another veterinary hospital? If yes, which hospital(s)?**

DECLARATION: I certify with my signature below that the information provided is accurate to the best of my knowledge. I authorize any veterinary hospital or veterinarian to provide additional information about my pet to Healthy Paws Pet Insurance. I understand that missing information or delays in delivering the pet's medical records may delay the processing of my claim. Claims must be submitted for processing within 90 days of invoice date.

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Policyholder Signature: _____ **Date:** _____**SUBMIT YOUR CLAIM FORM AND INVOICE****EMAIL**

claims@healthypawspetinsurance.com

**FAX**

1-888-228-4129

**REGULAR MAIL**Healthy Paws
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