

FILING A CLAIM IS AS EASY AS 1-2-3!

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 Invoice

Help 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. For repeat claims, we typically process the claim within 72 hours. First-time claims may take a little longer—between seven and ten business days, depending on when we receive all of your pet's medical records.

Policy Number:	Pet Name:
Pet Parent Name:	
Phone Number:	
YOUR CLAIM INFORMATION	
Invoice Number:	
Please refer to the veterinary invoice that you will submit with this clain	n.
Veterinary Hospital Name:	Invoice Total:\$
Veterinary Hospital Name:	Invoice Total:\$
Veterinary Hospital Name: Date when your pet first showed symptoms of this illness	Invoice Total: \$ s or injury: / /
Veterinary Hospital Name: Date when your pet first showed symptoms of this illness What was your pet treated for? Note: If this is the first claim for your pet, please ask your veterinary hospitals	Invoice Total: \$ s or injury: / / to include a copy of your pet's complete medical history with doctor's
Date when your pet first showed symptoms of this illness What was your pet treated for? Note: If this is the first claim for your pet, please ask your veterinary hospital exam notes and any laboratory results. Has your pet been seen by another veterinary hospital? DECLARATION: I certify with my signature below that the information provided is accurate to	Invoice Total: \$ s or injury: / / to include a copy of your pet's complete medical history with doctor's

SUBMIT YOUR CLAIM FORM AND INVOICE





