healthypaws® PET INSURANCE

Claim Form

Questions? Call us at 855-898-8991 or email us at claims@healthypawspetinsurance.com.

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 your claim form!

2. **Send Us Your Claim Form and Itemized Invoice**
To 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 are unable to process a claim without your pet's medical records.**

3. **The Healthy Paws Team will then Process Your Claim**
Our goal has always been 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.

YOUR POLICY INFORMATION

Policy Number: _____ **Pet Name:** _____

Pet Parent Name: _____ **Email:** _____

Phone Number: _____

YOUR CLAIM INFORMATION

Invoice Number: _____ **Invoice Total:** $ _____

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

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.

Policyholder Signature: _____

Date: ____ / ____ / ____

SUBMIT YOUR CLAIM FORM AND INVOICE

EMAIL
claims@healthypawspetinsurance.com

FAX
1-888-228-4129

REGULAR MAIL
Healthy Paws Pet Insurance
P.O. Box 50034, Bellevue, WA 98015

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.