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.

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**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: / /

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**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.