trupanion™

Questions? Claims@Trupanion.com • Phone: 855.266.2151

CLAIM FORM

Policyholder name: _____ Preferred phone: _____

Your pet's name (please complete one form per pet): _____

Your policy number (if known): _____

Reason for treatment - If unsure, please contact your hospital for more information

Hospital name: _____ Treating veterinarian: _____

Illness/injury: _____

Have you filed a claim for this condition previously?

◯ If yes, claim number: _____ (If known) ◯ If no, date of first signs: _____ (MM / DD / YY)

Illness/injury 2 (if applicable): _____

Have you filed a claim for this condition previously?

◯ If yes, claim number: _____ (If known) ◯ If no, date of first signs: _____ (MM / DD / YY)

◯ **I have paid my bill in full.**
Reimburse by my selected payment method.
Call 855.266.2151 to set up direct deposit.

◯ **I have not yet paid my bill.**
Reimburse by the hospital's selected payment method.
Ask your vet if they will accept direct pay from Trupanion. They can contact us to set this up.

Please note: Leaving this section unmarked will result in payment to you, the policyholder.

Your pet's info - Complete only if you have not done so previously or if the information has changed

Date of birth: _____ (MM / DD / YY) Date of adoption: _____ (MM / DD / YY) Spay/Neuter: ◯ No ◯ Yes Date: _____ (MM / DD / YY)

Is/was your pet insured under any other insurance provider? ◯ Yes ◯ No

If yes, provider name: _____ Cancel date: _____ (MM / DD / YY) OR ◯ Policy still active

Please, list all hospitals your pet has visited:

Name: _____ City: _____

Name: _____ City: _____

Submission of this claim form authorizes all veterinarians that your pet has received treatment from to provide us with a copy of your pet's medical records and confirms all information provided is true and accurate to the best of your knowledge and belief.

Submit this completed form and hospital invoice by one of the following methods:

Claims paid to you:

Claims@Trupanion.com **866.405.4536**

Claims paid to Veterinarian:

VetDirectPay@Trupanion.com **866.729.2915**

In order to avoid delays, all claims submitted must include a fully completed claim form and accompanying itemized invoice(s) with all treatment descriptions and charge amounts clearly visible.

For your protection, insurance laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

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