

CLAIM FORM

Member name: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

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

Your membership number (if known): \_\_\_\_\_

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

Hospital name: \_\_\_\_\_

Illness/injury: \_\_\_\_\_

Have you submitted an invoice for this illness/injury previously?

If yes, claim number: \_\_\_\_\_  If no, date of first signs: \_\_\_\_\_  
If known MM DD YY

Additional illness/injury (if applicable): \_\_\_\_\_

Have you submitted an invoice for this illness/injury previously?

If yes, claim number: \_\_\_\_\_  If no, date of first signs: \_\_\_\_\_  
If known MM DD YY

If there is prescription food on this invoice, would you like it reviewed for coverage?  Yes  No

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

Your membership agreement with Trupanion 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.

Date of birth: \_\_\_\_\_ Is/was your pet insured under any other insurance provider?  Yes  No  
MM DD YY

If yes, provider name: \_\_\_\_\_ Cancel date: \_\_\_\_\_ OR  Coverage still active  
MM DD YY

Please, list all hospitals your pet has visited:

Name: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

Payment info - Leaving this section unmarked will result in payment to you, our member.

I have paid my bill in full. Pay me by my selected payment method.

I have not yet paid my bill. Pay my invoice by the hospital's selected payment method.

To setup direct deposit to your bank account, please login to your account at [Members.Trupanion.com](http://Members.Trupanion.com).

Ask your vet if they will accept direct pay from Trupanion. They can contact us to set this up.

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

Payouts made to you:  
Email: [Claims@Trupanion.com](mailto:Claims@Trupanion.com) or FAX: 866.405.4536

Payouts made to your Veterinarian:  
Email: [VetDirectPay@Trupanion.com](mailto:VetDirectPay@Trupanion.com) or FAX: 866.729.2915

Mail: 6100 4TH Ave S. Seattle, WA 98108

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.

Questions? [Claims@Trupanion.com](mailto:Claims@Trupanion.com) • 855.266.2151

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. Trupanion is a registered trademark owned by Trupanion, Inc. Underwritten in Canada by Omega General Insurance Company and in the United States by American Pet Insurance Company, 6100-4th Ave S, Seattle, WA 98108. Please visit [AmericanPetInsurance.com](http://AmericanPetInsurance.com) to review all available pet health insurance products.