

CLAIM FORM

Member 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 no, date of first signs: _____
If known DD / MM / YY

Illness/injury 2 (if applicable): _____

Have you filed a claim for this condition previously?

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

<p><input type="radio"/> I have paid my bill in full. Reimburse by my selected payment method. Call 1300 330 234 to set up your payment method.</p>	<p><input type="radio"/> I have <u>not</u> yet paid my bill. Reimburse by the hospital's selected payment method. Ask your vet if they accept direct payment from us. They can contact us to get setup.</p>
<p>Please note: Leaving this section unmarked will result in payment to you, the member.</p>	

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

Date of birth: _____ Date of adoption: _____ Desexed: No Yes Date: _____
DD / MM / YY DD / MM / YY DD / MM / YY

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

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

Please, list all hospitals your pet has visited:

Name: _____ City: _____

Name: _____ City: _____

Submission of this claim form authorises 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.au

Claims paid to your veterinarian:



VetDirectPay@Trupanion.com.au

In order to avoid delays, all claims submitted must include a fully completed claim form and accompanying itemised 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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