

CLAIM PAYOUT REQUEST 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: _____

Condition: _____

Have you submitted an invoice for this condition previously?

○ If yes, claim number: _____ If no, date of first signs: _____

If known

MM DD YY

Additional condition (if applicable): _____

Have you submitted an invoice for this condition 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.

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 or FAX: 866.405.4536

Payouts made to your Veterinarian: Email: 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 payout request form and accompanying itemized invoice(s) with all treatment descriptions and charge amounts clearly visible.

Questions? Claims@Trupanion.com • 855.266.2151

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida residents: Pursuant to § 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in § 775.082, § 775.083, or § 775.084, Florida Statutes.

New Hampshire residents: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20

New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.