

**Pet Parent:** [REDACTED]  
**Policy Number:** [REDACTED]  
**Pet Protected Since:** 3/9/2013

**Pet Name:** Bentley  
**Annual Deductible:** \$ 100  
**Reimbursement Level:** 90%

**YOUR CLAIM REIMBURSEMENT CALCULATION**

**Claim Number:** [REDACTED]  
**Date of Service:** 5/15/2014  
**For Invoice Number:** [REDACTED]  
**Invoice Amount:** \$577.66

<b>Total Covered by Healthy Paws</b>	<b>\$ 500.41</b>
Your <i>Reimbursement Level</i>	x 90%
	<hr/>
	\$ 450.37
Apply <i>Deductible</i>	\$ -0.00
<b>Your Total Reimbursement</b>	<b>\$ 450.37</b>
Remaining <i>Annual Deductible</i>	\$ 0.00

**COVERAGE DETAILS**

**Veterinary Services Covered**

One or more of the following covered veterinary services were noted on the itemized invoice:

**Total Covered**  
**\$ 500.41**

- Diagnostics (e.g. x-rays and blood work)
- Surgeries and Surgical Supplies
- Hospitalization
- Prescription Medications
- Rehabilitation and Acupuncture
- Taxes on all covered Products and Services

**Veterinary Services Not Covered**

Veterinary Exam Fee

**Not Covered**  
**\$ 77.25**

For questions regarding your claim, [sign in](#) to your account or email us at [claims@healthypawspetinsurance.com](mailto:claims@healthypawspetinsurance.com).  
Thank you for being a valued member of Healthy Paws!