

Pet Insurance Claim for Diagnostic Tests

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

Policy Number: [Your Policy Number]

Pet's Name: [Your Pet's Name]

Pet's Breed: [Your Pet's Breed]

Pet's Age: [Your Pet's Age]

I am writing to submit a claim for reimbursement of diagnostic tests and procedures performed on my pet, [Your Pet's Name], on [Date of Service]. The details of the tests and procedures are as follows:

- Test/Procedure Name: [Name]
- Date of Service: [Date]
- Provider: [Veterinary Clinic Name]
- Cost: \$[Amount]
- Description: [Brief Description of the Test/Procedure]

Enclosed are the invoice, detailed receipt, and any relevant medical records pertaining to the services provided.

I appreciate your prompt attention to this matter and look forward to your response. Should you need any further information, please do not hesitate to contact me.

Thank you for your support.

Sincerely,

[Your Name]