

Pet Insurance Claim for Medication Reimbursement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Claim Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Claim for Reimbursement - Policy #[Policy Number]

Dear Claims Adjuster,

I am writing to submit a claim for reimbursement for medication costs incurred for my pet, [Pet's Name], who has been under medical treatment due to [Pet's Illness/Condition]. As per my policy #[Policy Number], I am seeking reimbursement for the medication prescribed by our veterinarian, [Veterinarian's Name].

The details of the treatment and incurred expenses are as follows:

- Pet Name: [Pet's Name]
- Diagnosis: [Diagnosis]
- Prescription Medication: [Medication Name]
- Date of Purchase: [Purchase Date]
- Receipt Amount: [Total Amount]

Attached are copies of the receipts and the veterinary invoice for your reference.

Thank you for your attention to this matter. I look forward to your prompt response regarding my claim.

Sincerely,

[Your Name]