

# Pet Insurance Claim for Pre-Existing Conditions Assessment

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Dear Claims Department,

I am writing to formally submit a claim for the assessment of pre-existing conditions related to my pet, [Pet's Name], who is insured under policy number [Policy Number].

Details of my pet are as follows:

- Pet's Name: [Insert Pet's Name]
- Type of Pet: [Dog/Cat/etc.]
- Breed: [Insert Breed]
- Date of Birth: [Insert Date of Birth]

On [Insert Date of Incident], [Pet's Name] was diagnosed with [Insert Diagnosis]. I believe this condition may be categorized as pre-existing based on past medical records. Enclosed, please find the relevant veterinary records, along with the completed claim form for your review.

I kindly ask for a thorough assessment of this claim in light of the stated conditions. Should you require any further documentation or information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]