

Pet Insurance Claim Request

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

[Insurance Company Name]
[Insurance Company Address]
City, State, Zip Code

Dear Claims Department,

I am writing to formally request a claim for my pet's medical expenses under my pet insurance policy ([Policy Number]). My pet, [Pet's Name], was treated on [Date of Treatment] for [Reason for Treatment] at [Veterinary Clinic Name].

Attached are the relevant documents, including:

- Veterinary invoices
- Proof of payment
- Medical records

Please let me know if you need any further information to process this claim. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,
[Your Name]