

# Appeal for Insurance Claim Denial

Date: [Insert Date]

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

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

Dear Claims Department,

Policy Number: [Your Policy Number]  
Claim Number: [Your Claim Number]

I am writing to formally appeal the denial of my pet insurance claim submitted on [Date of Claim Submission]. My claim was recently denied for the reason of [Specify Reason for Denial]. I believe this denial is in error and would like to provide additional information for your consideration.

Details of the Claim:

- Pet's Name: [Your Pet's Name]
- Type of Treatment: [Type of Treatment or Procedure]
- Treatment Date: [Date of Treatment]

I have attached the necessary documentation, including:

- [List of attached documents, e.g., veterinary records, receipts]

In reviewing my policy, I believe that the circumstances surrounding this claim do meet the coverage criteria outlined in my policy documents. I respectfully request a reconsideration of my claim based on the information provided.

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

Sincerely,  
[Your Name]