

Pet Insurance Claim Appeal

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, Zip: [City, State, Zip]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Current Date]

To: [Insurance Company Name]

Claims Department

[Insurance Company Address]

[City, State, Zip]

Re: Appeal for Claim #[Claim Number]

Dear [Insurance Company Name],

I am writing to formally appeal the denial of my pet insurance claim #[Claim Number] regarding the treatment of my pet, [Pet's Name]. The claim was denied due to a disputed diagnosis of [disputed diagnosis], which I believe warrants reconsideration.

Upon review of the medical records provided by my veterinarian, Dr. [Veterinarian's Name], I have gathered additional information that supports the diagnosis of [correct diagnosis]. The details are as follows:

- [Detail 1: Explanation or evidence supporting the correct diagnosis]
- [Detail 2: Explanation or evidence supporting the correct diagnosis]
- [Detail 3: Explanation or evidence supporting the correct diagnosis]

Attached to this letter, you will find copies of [list any enclosed documents such as medical records, additional letters from the veterinarian, etc.]. I kindly request that you review this additional information and reconsider the denial of my claim.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]