

Pet Insurance Claim Appeal

Your Name: [Your Name]

Your Address: [Your Address]

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

Your Email: [Your Email]

Your Phone Number: [Your Phone Number]

Date: [Date]

To: [Insurance Company Name]

Claims Department

[Insurance Company Address]

[City, State, Zip]

Subject: Appeal for Pet Insurance Claim - Policy Number: [Policy Number]

Dear Claims Adjuster,

I am writing to formally appeal the denial of my recent pet insurance claim (Claim Number: [Claim Number]) due to late submission. I understand the importance of timely claims; however, circumstances beyond my control prevented me from submitting my claim within the stipulated period.

[Briefly explain the reason for the late submission, e.g., unexpected circumstances, medical emergencies, etc.].

Enclosed are all relevant documents, including medical records, proof of payment, and any communications that support my claim. I respectfully request that you reconsider my submission in light of the circumstances outlined above.

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)]