

Pet Insurance Claim Appeal

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Adjuster's Name or Claims Department],

Policy Number: [Your Policy Number]

Pet's Name: [Your Pet's Name]

Claim Number: [Your Claim Number]

I am writing to formally appeal the decision made regarding my recent claim for [brief description of treatment]. I understand that my claim was denied based on a pre-existing condition clause.

However, I wish to clarify that [provide details explaining why you believe the condition should not be considered pre-existing or provide additional context]. I have enclosed all relevant medical documentation and any other information that supports my appeal.

It is my belief that the denial of this claim is unjust, and I kindly ask for a review of my case. I value the protection and peace of mind that your insurance provides and hope to resolve this matter amicably.

Thank you for your time and consideration. I look forward to your prompt response to my appeal.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]