

# Pet Insurance Claim Reimbursement Request

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

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

Dear Claims Department,

I am writing to submit a claim for reimbursement for alternative therapies provided to my pet, [Pet's Name], who is covered under my policy #[Policy Number].

On [Date of Service], [Pet's Name] received [describe the alternative therapy, e.g., acupuncture, chiropractic care, etc.] from [Veterinarian/Practitioner's Name] at [Clinic/Practice Name]. The total cost for this treatment was [Total Amount].

Enclosed, please find the following documents to support my claim:

- Completed claim form
- Itemized invoice from the veterinarian/practitioner
- Receipt of payment
- Medical records indicating the necessity of the therapy

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any additional information.

Thank you for your help.

Sincerely,

[Your Name]