Pet Insurance Claim Reimbursement Request

Date: [Insert Date]

To: [Insurance Company Name]

Attn: Claims Department

[Insurance Company Address]

[City, State, Zip Code]

Policyholder: [Your Name]

Policy Number: [Your Policy Number]

Pet's Name: [Pet's Name]

Pet's Breed: [Pet's Breed]

Pet's Date of Birth: [Pet's Date of Birth]

Dear Claims Department,

I am writing to submit a claim for reimbursement for diagnostic tests performed on my pet, [Pet's Name], on [Date of Service] at [Veterinary Clinic/Hospital Name].

Details of the diagnostic tests include:

- Test 1: [Name of Test] - Cost: $[Cost]
- Test 2: [Name of Test] - Cost: $[Cost]

The total amount for these diagnostic tests is $[Total Amount]. I have attached the receipts, test results, and any other relevant documentation for your review.

Thank you for your prompt attention to this matter. I look forward to your confirmation of receipt and the approval of my reimbursement claim.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]