

Pet Insurance Claim Reimbursement Request

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Re: Claim for Emergency Care Reimbursement

Policy Number: [Insert Policy Number]

Pet's Name: [Insert Pet's Name]

Owner's Name: [Insert Your Name]

Owner's Address: [Insert Your Address]

Owner's Phone Number: [Insert Your Phone Number]

Owner's Email: [Insert Your Email]

Dear Claims Department,

I am writing to submit a claim for reimbursement for emergency veterinary care provided to my pet, [Insert Pet's Name], on [Insert Date of Service]. The total cost of the treatment amounted to [Insert Amount].

The details of the emergency care are as follows:

- **Date of Service:** [Insert Date]
- **Veterinary Clinic:** [Insert Clinic Name]
- **Diagnosis:** [Insert Diagnosis]
- **Treatment Provided:** [Insert Treatment Details]
- **Invoice Amount:** [Insert Amount]

Please find the attached documents for your review:

- Invoice from the veterinary clinic

- Clinical notes from the veterinarian
- Claim form completed as per your instructions

Thank you for your attention to this matter. I look forward to your prompt processing of this claim and reimbursement at your earliest convenience.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]