

Pet Insurance Claim Reimbursement Request

Date: [Insert Date]

Claim Number: [Insert Claim Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Claims Department],

I am writing to submit a claim for reimbursement for medication costs related to my pet, [Pet's Name], who is insured under policy number [Insert Policy Number].

Details of the expenses are as follows:

- **Medication Name:** [Insert Medication Name]
- **Date of Purchase:** [Insert Date]
- **Cost:** \$[Insert Cost]
- **Veterinarian Name:** [Insert Veterinarian's Name]
- **Invoice/Receipt Attached:** Yes

Please find attached the invoice and any relevant documentation for your review. I kindly request the reimbursement be processed at your earliest convenience.

Thank you for your attention to this matter. If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]