

# 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 under my pet wellness plan for my pet, [Pet's Name], with policy number [Policy Number]. Below are the details of the claim:

- **Pet's Name:** [Pet's Name]
- **Type of Service:** [Type of Service (e.g., vaccinations, wellness check)]
- **Date of Service:** [Date]
- **Provider Name:** [Veterinary Provider Name]
- **Total Cost:** [Total Amount Charged]
- **Amount Paid by Me:** [Amount Paid]

Enclosed are the copies of the invoice and payment receipt for your reference. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]