

Pet Insurance Claim Reimbursement Request

Date: [Insert Date]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally request reimbursement for the surgery expenses incurred for my pet, [Pet's Name], who underwent a [Type of Surgery] on [Date of Surgery] at [Veterinary Hospital Name].

The total expenses for the surgery amounted to [Total Amount]. I have attached the invoice and any relevant medical records for your review.

Pet Details:

- Name: [Pet's Name]
- Type: [Pet Type, e.g., Dog, Cat]
- Breed: [Pet Breed]
- Age: [Pet Age]

Please let me know if you need any further information to process this claim. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]