

Pet Insurance Claim Dispute Resolution

Your Name: [Your Name]

Your Address: [Your Address]

City, State, Zip Code: [City, State, Zip Code]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Date]

Insurance Company Name: [Insurance Company Name]

Claims Department Address: [Insurance Company Address]

City, State, Zip Code: [Insurance Company Zip Code]

Subject: Dispute Resolution for Claim #[Claim Number]

Dear [Claims Adjuster's Name or Customer Service],

I am writing to formally dispute the decision made regarding my recent pet insurance claim (Claim #[Claim Number]) submitted on [Submission Date]. The claim was related to [brief description of the reason for the claim, e.g., veterinary care for my pet, [Pet's Name].]

Upon reviewing your explanation of the denial dated [Denial Date], I believe that the reasons cited do not accurately reflect the terms of my policy. Specifically, [mention specific points of dispute - e.g., coverage terms, policy exclusions, etc.].

According to my understanding of the policy provisions, [briefly explain your stance and provide any supporting documentation, if applicable]. Enclosed, you will find copies of [list any enclosed documents, such as receipts, veterinary records, etc.] that further substantiate my claim.

Given the circumstances, I kindly request a re-evaluation of my claim. I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [Your Phone Number] or [Your Email] if you need any additional information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Policy Number]