

Pet Insurance Claim Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the decision regarding my recent pet insurance claim, reference number [Insert Claim Number], submitted on [Insert Submission Date] for [Pet's Name]. The claim was denied on [Insert Denial Date] based on [Insert Reason for Denial].

After careful review of your decision, I believe there are grounds for reconsideration, specifically [Insert Reason for Appeal]. I have attached supporting documents including [List Attached Documents such as veterinary bills, medical records, etc.].

Given the circumstances, I kindly ask you to review my appeal, considering the additional information provided. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]