

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department]
[Company Address]
[City, State, Zip Code]

Subject: Pet Insurance Claim for [Pet's Name], Policy #[Policy Number]

Dear Claims Adjuster,

I am writing to submit a claim for my pet, [Pet's Name], who received medical treatment on [Date of Treatment] at [Veterinary Clinic/Hospital Name]. The details of the treatment and the reason for my claim are as follows:

- Description of Condition: [Briefly explain the pet's condition or illness]
- Treatment Received: [List treatments, surgeries, or medications administered]
- Total Cost: [Total cost of the treatment]

I have attached all relevant documentation, including:

- Invoice/Receipt from the veterinary clinic
- Medical records
- Claim form (if applicable)

Please let me know if you require any additional information to process this claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]