[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Pet Insurance Claim Submission

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Pet's Name: [Pet's Name]

To Whom It May Concern,

I am writing to formally submit a claim for veterinary expenses incurred for my pet, [Pet's Name]. The services were provided on [Date of Service] at [Name of Veterinary Clinic].

The reason for this visit was: [Brief description of illness, injury, or routine care].

I have enclosed the following documents for your review:

- A completed and signed claim form.
- Itemized invoices/receipts showing the total amount paid.
- Medical records/notes related to this specific visit.

The total amount for which I am seeking reimbursement is $[Amount]. Please process this claim according to the terms of my policy and issue payment via [check/direct deposit].

If you require any additional information or documentation to finalize this claim, please contact me at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]