



This form is required to request a review of a previously processed claim. A request form must include all claim numbers and supporting documentation. Review of a claim does not guarantee a change in the payment settlement.

Date _____

Policy Number _____

Policyholder Name _____

Pet's Name _____

Claim Information

Claim Number(s) _____

Treatment Date(s) _____

Please choose one of the following:

- My claim was denied for pre-existing illness or illness during the waiting period.
Please submit supporting documentation from the veterinarian that treated your pet for this date of service.
I believe that this claim is eligible for additional benefits
Please submit supporting documentation including medical records, a signed statement from your veterinarian or applicable policy documents.
The diagnosis for this claim has either changed or is different than what is listed on my Explanation of Benefits.
Please submit supporting documentation from the veterinarian that treated your pet for this date of service including medical records or a signed statement from your veterinarian.
Other

Please provide any additional pertinent information:

Empty rectangular box for additional information.

Redeterminations can take approximately 30 days to complete once all the necessary information is received. Your request for a redetermination cannot be completed without all of the required documentation. You will be notified in writing of our decision once our investigation has been completed.

Submit Your Request



Email claims@petpartners.com



By Mail PO Box 37940 Raleigh, NC 27627



Fax 919.859.8193