

PET HEALTHCARE PLAN

CLAIM REDETERMINATION REQUEST FORM

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 or illness within the first 30 days.

Please submit supporting documentation from the veterinarian that treated your pet for this date of service. The Pet Healthcare Plan defines an incident as "a specifically identifiable accident, injury or illness. Recurring, related and/or chronic conditions shall be considered as one incident."

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:

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.

Mail, Email or Fax completed form and all attachments:

Pet Healthcare Plan

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Email: claims@petpartnersinc.com

Fax: 1-919-859-8193