



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 _____ Certificate Number _____

Certificate Holder 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. Independence American Insurance Company defines a Pre-Existing Condition as an injury or illness* which occurred, reoccurred, existed, or showed symptoms whether diagnosed and/or treated by a Veterinarian prior to the Effective Date or during the Benefit Waiting Period.

*Illness(es) regardless of the cause, are not covered under the Accident Only policy.

- 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.

Submit Your Request



Email
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By Mail
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