

Name on Policy: _____ Policy Number: _____

Phone: _____ Email: _____

Pet's Name: _____ Date of Adoption: _____

Please list all veterinary hospitals your pet has visited: _____

Please list the claim number(s) of claims in dispute: _____

Hospital Name: _____

Treating Veterinarian: _____

Phone: _____ Email: _____

CLAIM INFORMATION

Which portion of your claim(s) is in dispute?

- Excess application (go to question 1)
- Invoice item eligibility (go to question 2)
- Condition denied as pre-existing (go to question 3)

Email this completed 2 page appeal form to appeals@trupanion.com.au for fastest processing.



Appeal Form (cont.)

TO BE FILLED OUT BY THE TREATING VETERINARIAN OR MEMBER

Please review the claim outcome letter and answer the related questions.

1. Excess Application: The excess selected is applied once per illness or injury over the lifetime of the pet. The excess amount for each new condition must be met before coverage begins. How is the current claimed condition related to previous conditions that have been treated?

2. Invoice Items: Please review the Trupanion policy. Which invoice items do you feel were excluded in error? Which condition(s) are those items treating or diagnosing?

3. Condition Denial: Please review the Trupanion policy.

a. How is the currently claimed condition unrelated to the pre-existing signs and symptoms documented in the claim outcome letter?

b. Did the clinical signs and symptoms noted in the outcome letter resolve? If so, please note when or attach supporting medical records.

We require complete medical history/records associated with your pet to process claims. Please have your veterinarian email the complete medical history to aid the secondary review process. Should additional medical history be needed we will reach out to your veterinarian.

1300 328 042 | APPEALS@TRUPANION.COM.AU

trupanion.com.au - P.O. Box 5469 Port Macquarie NSW 2444