

**APPEALS FORM**

Name on Policy: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Adoption: \_\_\_\_\_

Please list all veterinary hospitals your pet has visited:

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

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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)*

## APPEALS FORM CONTINUED

To be filled out by the treating veterinarian or member. Please review the claim outcome letter (provided by the owner) 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.**

**Email this completed 2 page appeal form to [Appeals@Trupanion.com.au](mailto:Appeals@Trupanion.com.au) for fastest processing.**

**[Trupanion.com.au](http://Trupanion.com.au) | 1300 328 042 | [Appeals@Trupanion.com.au](mailto:Appeals@Trupanion.com.au) | P.O. Box 5469 Port Macquarie NSW 2444**

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