

# APPEAL FORM



## Questions?

Call us at 877-327-0471

Or email us at [support@odiepetinsurance.com](mailto:support@odiepetinsurance.com)

Monday – Friday from 8am-5pm Central

### 1 Gather Your Documents

If you disagree with the coverage provided on any claim, you may request a review of the decision using our voluntary appeals process. Any submitted appeal should clearly state why you disagree with the initial determination and include a letter from your veterinarian with an explanation of the condition/incident and all supporting medical documentation.

### 2 Fill Out an Appeal Form

The fastest and easiest way to submit your appeal is by emailing us at [support@odiepetinsurance.com](mailto:support@odiepetinsurance.com). Please include the Claim Number in the subject line. You may also fax your appeal to (530) 285-4258.

### 3 A Claim Adjuster Will Review Your Appeal

Our goal is to process your appeal as quickly as possible. We typically process appeals within 14 business days.

## Your Claim Information

Policyholder	_____	Pet Name	_____
Phone Number	_____	Policy Number	_____
Email	_____	Claim Number	_____

## Appeal Request

<input type="checkbox"/> <b>I would like to request a review of a noted pre-existing condition.</b> My pet was deemed cured and remained treatment-free for a period of at least 18 months prior to the policy effective date and at any point during the waiting periods. I understand that chronic conditions or other conditions that cannot be cured are not eligible for coverage.  In the description box, please indicate the condition(s) you would like to have reviewed.	<b>Required Documents</b>  <input type="checkbox"/> A letter from your veterinarian with an explanation of the condition and/or treatment.  <input type="checkbox"/> Medical records for the past 12 months prior to the date of your request. (For pets younger than 12 months, please provide their entire medical history.)  <i>These records must include the results of the physical exams performed, detailed doctor's notes and laboratory results.</i>
<input type="checkbox"/> <b>My pet has a different diagnosis from that listed on the original claim form.</b>	<input type="checkbox"/> Please provide supporting documentation and laboratory results from attending veterinarian(s) from the date your pet was first diagnosed to present.
<input type="checkbox"/> <b>Incorrect payment or application of benefits.</b>	
<input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> Please provide supporting documentation, laboratory results, and/or biopsy results from attending veterinarian(s) from the date your pet was first diagnosed to present.
(REQUIRED) Please provide a complete description of reason for claim appeal:  _____  _____  _____	

## Declaration

I certify with my signature that the information provided is accurate to the best of my knowledge. I authorize any veterinary hospital or veterinarian to provide additional information about my pet to Odie Pet Insurance or third-party administrators. I understand that missing information or delays in delivering my pet's medical records may delay the processing of my claim. Please see your policy for specific requirements.

Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

***It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or denial of insurance benefits.***