



REVIEW REQUEST FORM

Fax to: 714-989-5600 • Attn: Claims/Pre-existing Condition Review

Or mail to: Claims/Pre-existing Condition Review

PO Box 2344, Brea, CA 92822-2344

NO COVER SHEET
NECESSARY

No. of Pages _____

POLICYHOLDER INFORMATION

Policy Number: _____ Pet Name: _____

Policyholder Name: _____ Phone: _____

TYPE OF REQUEST

I would like to request a review of a noted pre-existing condition.

We recommend you submit your review requests when filing a claim. Your pet must be deemed cured and have remained treatment-free for a period of at least six months in order to be eligible for review. Chronic conditions or other conditions that cannot be cured are not eligible for coverage. Below, please indicate the condition(s) you would like to have reviewed.

Diagnosis Name	OR Pre-Existing Condition code <small>(codes are listed on the Declarations Page of your policy)</small>

Please provide a copy of all medical records for the past 12 months prior to the date of your request. These records may be handwritten or computer-generated, but must include the results of the physical exams performed, detailed doctor's notes and laboratory results.

I would like to request a review of claim number(s) _____ because:
(Claim number is listed on your Explanation of Benefits)

My claim was denied for denial code _____. (Denial codes are listed on your Explanation of Benefits)
Please provide a copy of all medical records for the past 12 months prior to the date of your request. These records may be handwritten or computer-generated, but must include the results of the physical exams performed, detailed doctor's notes and laboratory results.

My pet has a different diagnosis from that listed on the original claim form.
Please provide supporting documentation from the attending veterinarian(s) from the date your pet was first diagnosed to the present. Documentation may include handwritten or computer-generated medical records, along with any supporting laboratory results.

Additional benefits may be available.
Please provide supporting documentation from the attending veterinarian(s) from the first date of treatment through the present. Documentation may include handwritten or computer-generated medical records, along with any supporting laboratory reports and biopsy results (if applicable).

Comments: _____
