VPI PET INSURANCE REVIEW FORM

NO COVER SHEET NECESSARY.
Fax to: 714-989-5600 Attn: Claim/Exclusion Review **No. of pages:_____**
Mail to: Claim/Exclusion Review, P.O. Box 2344, Brea, CA 92822

Step 1 Fill out the following information.

Today's Date_____ **Policy Number**_____

Pet's Name_____ **Policyholder Name**_____

Treatment Date_____ **Telephone Number**_____

Claim Number_____ **State** _____
Found on your Explanation of Benefits

Step 2 Select which type of review you are requesting.

☐ **Claim Review**: Select this box to request a review if your claim was denied in whole or in part. Choose from any of the following reasons below.

- ☐ **Please review the reason code associated with the denial of my claim.**
  Reason Code: Z __ __ __
  (List the three or four digit code found in the Reason Code column of your Explanation of Benefits.)

- ☐ **Please review diagnosis code used to process my claim.**
  Diagnosis Code: _____
  (List the numeric code found in the Diagnosis Code column of your Explanation of Benefits.)

- ☐ **Please review the claim reimbursement amount I received.**
  (Please provide an explanation in the space provided.)

☐ **Exclusion Review**: Select this box to request a review of a temporary excluded condition. We will not review requests to remove any excluded condition unless the condition has been cured and treatment free for at least six (6) months before the date of your request or unless you feel it was added inappropriately. Conditions that cannot be cured are not eligible for exclusion review.

- ☐ **Please review the following exclusion.**
  Diagnosis Code: _____
  (List the numeric code found on your Declaration's Page or the Diagnosis Code column of your Explanation of Benefits.)

Please explain the reason why you are requesting a review.

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Step 3 Obtain the supporting documentation.

Documentation is needed to support your request for a review. Upon review, additional information may be requested. You will need to contact your veterinarian's office to obtain **all** of the following documentation:

- ✓ **12 months of medical/treatment records prior to incident**
- ✓ **Medical/treatment records for the date of the incident**
- ✓ **Current records related to the incident in question**

Step 4 Submit this form and supporting documentation to VPI Pet Insurance as indicated at the top of this document. Please be sure your policy number is identified on each document.

Reviews typically take approximately 30 days to complete (not including mail time), once we receive all the necessary information. **Your request for a review cannot be completed without all of the required documentation.** Requesting a review for a claim or medical exclusion will be done in accordance with current policy language. Any reversal of a previous decision will be subject to additional or new information contained in supporting documentation that we have requested.