



Claim Appeal Process

Dear PetFirst Customer,

PetFirst recognizes that disagreements may arise concerning the processing of claims. Although we based our decision on documents provided by the treating Veterinarian, if additional information can be supplied, then we will re-evaluate the denied claim.

When a claim is processed you are provided with one of the following:

- A written explanation of benefits with your reimbursement; or
- A denial letter explaining the ground(s) for the denial of your claim.

If you feel your claim has been wrongly denied, you may ask for a second review. The request must be submitted in writing to PetFirst no later than 30 days after receiving the explanation of benefits or denial letter.

Your Veterinarian will need to complete and submit the PetFirst Claim Appeal Form providing a written explanation along with supporting documents as to why your claim should be reviewed. PetFirst requests that you provide any additional supporting documentation (not previously submitted) necessary to re-evaluate your claim such as:

- Clarification of previously submitted diagnosis along with new in-depth diagnosis
- Additional veterinary notes

Once PetFirst receives all relevant documentation, your appeal will be reviewed, and a written decision will be provided to you within 15 business days.

For your convenience, we have attached an Appeal Form. Please have your veterinarian(s) complete the form and return it to PetFirst with any additional supporting documentation needed to re-review your denied claim.

To submit, please mail, email or fax it as follows:

Mail: PetFirst- Claims Department
One Quartermaster Court
Jeffersonville, IN 47130

Email: submitclaim@petfirst.com

Fax: 877-281-3348



Appeal Form

Policy Holder Name: _____

Policy Holder Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Claim to be reviewed:

Treatment Date on original claim:

Pet Name:

Explanation as to why claim should be covered:

(This needs to be based on treating Veterinarian's additional documentation which needs to be provided)

**Please provide any additional documentation (not previously submitted) necessary for our claims experts to re-evaluate your denied claim such as:

- Clarification of previously submitted diagnosis along with new In-depth diagnosis
- Additional Veterinary notes

Policyholder Signature _____ Date _____

Treating Veterinarian Signature _____ Date _____

Veterinary Clinic Stamp

Name, Address, and Telephone

Send the completed appeal form and documentation to:

Mail: PetFirst- Claims Department
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