

APPEAL FORM



Questions?

Email us at support@nibbles.com

Monday - Friday from 8am-5pm central. We are closed for regular bank holidays.

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@nibbles.com. Please include the Claim Number in the subject line.

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"/> I would like to request a review of a noted pre-existing condition. 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.	Required Documents <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"/> My pet has a different diagnosis from that listed on the original claim form.	<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"/> Incorrect payment or application of benefits.	
<input type="checkbox"/> Other	<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 Nibbles 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.