

REIMBURSEMENT REQUEST FORM ACCIDENT / ACCIDENT & ILLNESS



IMPORTANT NOTICE:

As we are all adjusting to the current Coronavirus (COVID-19) pandemic, we have had to consider how to deliver the best possible experience for our Community Members, while ensuring the wellbeing of our team.

In order to ensure timely claims processing and the issuance of reimbursements, we strongly recommend that you submit your claim form electronically to submissions@petsplusus.com and sign-up for Direct Deposit Claims reimbursement. This will minimize delays and ensure the fastest possible reimbursement.

Please fill out the section below, or provide a copy of a direct deposit form from your online banking, with your claim submission to set-up Direct Deposit claims reimbursement.

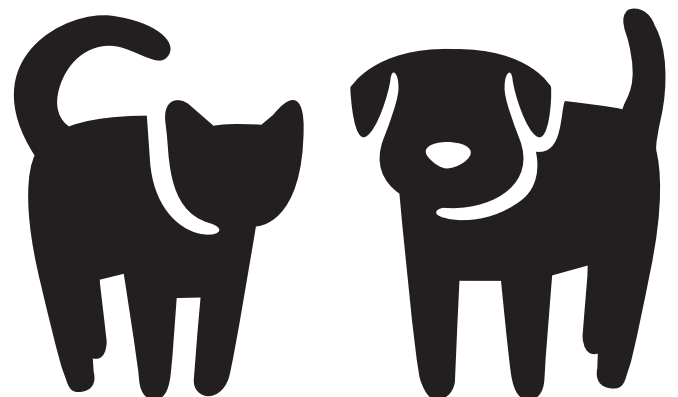
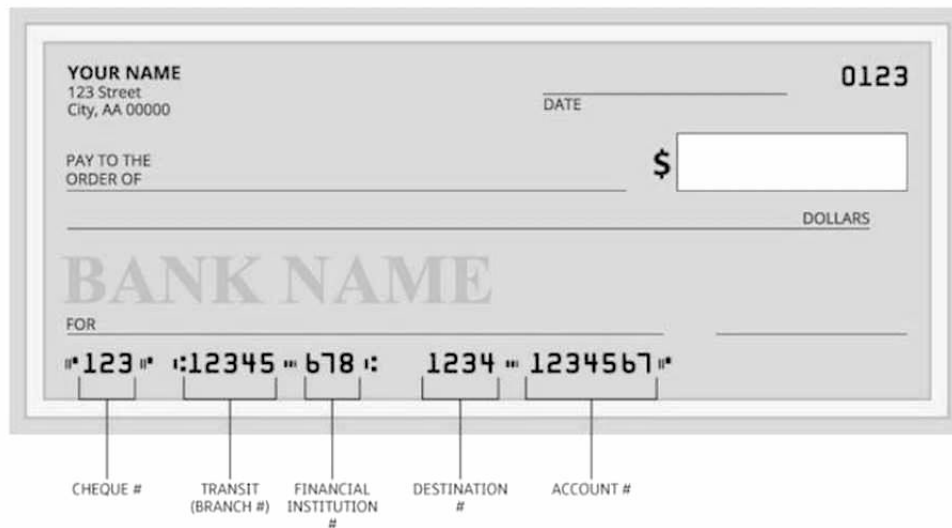
If you wish to receive your claims reimbursements through the mail via cheque, please understand that there may be unforeseeable delays.

YOUR BANK/INSTITUTION NUMBER (3 DIGITS): _____

YOUR BRANCH/TRANSIT NUMBER (5 DIGITS): _____

YOUR ACCOUNT NUMBER: _____

ACCOUNT HOLDER NAME: _____
(AS IT APPEARS ON YOUR ACCOUNT)



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To be completed by Members:

YOUR POLICY NUMBER: _____

YOUR PET'S NAME: _____

YOUR NAME: _____

PHONE NUMBER: () _____

EMAIL: _____

Get your claims reimbursements faster with Direct Deposit, and receive paperless communications via email. Contact us for more information!

Notice: The information collected on this form about you and your pet and otherwise in respect of this claim is required by Pets Plus Us, a division of PTZ Insurance Services Ltd. for insurance purposes, including to evaluate and, if approved, process payment of your claim. By providing your email address, you specifically provide us with consent to communicate with you by email for pet insurance purposes.

Declaration: I declare that all details provided in this reimbursement request are true and accurate. I further authorize my attending veterinarian, upon request, to release my pet's medical records to Pets Plus Us, a division of PTZ Insurance Services Ltd. pet health insurance representatives.

SIGNATURE _____

DATE (mm/dd/yyyy) _____

To be completed by Veterinarian providing care:

DIAGNOSIS OR REASON FOR VISIT (LIST MAJOR COMPLAINTS IF NO DIAGNOSIS DETERMINED)		DATE THE PROBLEM FIRST OCCURRED* (mm/dd/yyyy)	HAVE YOU EVER SEEN THIS PET FOR THIS CONDITION BEFORE?	
			YES	NO
PROBLEM 1				
PROBLEM 2				
PROBLEM 3				

* As noted by veterinarian, member, or pet's medical history.

Did any of the above problems result in the death/euthanasia of this pet?

YES NO

I CONFIRM TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE IN EVERY RESPECT

NAME OF ATTENDING VETERINARIAN (PLEASE PRINT) _____

SIGNATURE _____

DATE (mm/dd/yyyy) _____

PRACTICE STAMP:

Questions? Call 1-800-364-8422

Please refer to page 2 of the claim form for submission guidelines, time frames and requirements.

Email Claim Form to: submissions@petsplusus.com

Take a picture of the Claim Form with your mobile device or scan and send a PDF file.



REIMBURSEMENT REQUEST FORM CHECKLIST

To ensure a rapid processing of your reimbursement request, please be sure of the following:

- Please include all relevant receipts and invoices that pertain to this reimbursement request.
- Related medical records and detailed examination notes.

ANY FORMS THAT ARE INCOMPLETE OR MISSING LEGIBLE RECEIPTS/INVOICES MAY DELAY REIMBURSEMENT.

TIPS FOR MEMBERS

- Submit one (1) reimbursement request form for each pet.
- If mailing this form and receipts, please retain a copy for your records.
- Please submit this form in a timely manner, as all reimbursement requests must be sent to us within 6 months of the pertaining treatment.
- You are responsible for the following with this reimbursement request:
 - Any veterinary fees that are not covered, pertain to medical problems specifically excluded from your coverage, or conditions that began before your coverage came into effect.
 - Any fees that are not medically necessary, e.g. bathing, boarding, treats.
 - Policy co-insurance and deductible that you preselected for this policy.
- If you need any help filling out this form, call us at 1-800-364-8422 and we would be pleased to assist you.

TIPS FOR VETERINARIANS

- Please indicate a working/definitive diagnosis using a few words, e.g. renal failure, lumpectomy, fractured left tibia.
- If problem is unknown, list major clinical signs/complaints, e.g. anorexia, vomiting, chronic weight loss. Please do not list diagnostic tests completed.
- Please provide your client with a legible, detailed invoice/receipt.
- If treatment for multiple problems is listed on one invoice, please denote with numbers (1,2,3) which items pertain to which conditions.

THREE WAYS TO REQUEST REIMBURSEMENT

Send your reimbursement request form and all relevant receipts by one method only as duplicate requests will delay processing.

- 1. Fax:** 1-855-456-7387 – No cover sheet required.
- 2. Mail:** PTZ Insurance Services Ltd.
710 Dorval Drive, Suite 400
Oakville, Ontario L6K 3V7
- 3. Email:** submissions@petsplusus.com
Take a picture with your mobile device or send a PDF file.

