

REIMBURSEMENT REQUEST FORM WELLNESS CARE



To be completed by Members:

YOUR POLICY NUMBER: _____

YOUR PET'S NAME: _____

YOUR NAME: _____

PHONE NUMBER: () _____

EMAIL: _____

SIGNATURE _____

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.

DATE (mm/dd/yyyy) _____

To be completed by Veterinarian providing care:

Please indicate which Wellness procedures were provided on today's visit.

Examination and Vaccinations – Check one:

- | | | | |
|--------------------------------------------------|------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|
| <input type="radio"/> Annual | <input type="radio"/> Spay / Neuter | <input type="radio"/> Blood profile | <input type="radio"/> Heartworm and flea prevention medication |
| <input type="checkbox"/> 1 st Booster | <input type="radio"/> Microchip | <input type="radio"/> Urinalysis | <input type="radio"/> Heartworm medication (alone) |
| <input type="checkbox"/> 2 nd Booster | <input type="radio"/> Nail Trim | <input type="radio"/> Faecal test for intestinal parasites | <input type="radio"/> Flea prevention medication (alone) |
| <input type="checkbox"/> 3 rd Booster | <input type="radio"/> Dental Cleansing | <input type="radio"/> Heartworm blood test | <input type="radio"/> Deworming for intestinal parasites |
| | <input type="radio"/> Senior semi-annual examination | | |

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

PRACTICE STAMP:

NAME OF ATTENDING VETERINARIAN (PLEASE PRINT)

SIGNATURE

DATE (mm/dd/yyyy)

Fax: 1-855-456-7387 – No cover sheet required.

Questions? Call 1-800-364-8422

REIMBURSEMENT REQUEST FORM CHECKLIST

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

- Please ensure the form is completed in full and signed by you and the attending veterinarian.
- Please include all relevant receipts and invoices that pertain to this reimbursement request.
- 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 do not pertain to the specific Wellness Care options that you preselected with your plan.
- 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 with a tick mark in the appropriate box those Wellness procedures that you provided today.
- Please provide your client with a legible, detailed invoice/receipt.

THREE WAYS TO REQUEST REIMBURSEMENT

1. **Fax: 1-855-456-7387** – *No cover sheet required.*
2. **Mail your reimbursement request form and all relevant receipts to:**
Pets Plus Us
1115 North Service Road West, Unit 2
Oakville, Ontario L6M 2V9
3. **Email: submissions@petsplus.com**
Email PDF or JPEG file. Submit by one method only as duplicate requests will delay processing.

