

REIMBURSEMENT REQUEST FORM BOARDING, KENNEL OR CATTERY FEES



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!

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) _____

INFORMATION TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL ADMINISTRATOR

HOSPITAL NAME: _____ PATIENT'S NAME: _____

HOSPITAL ADDRESS: _____ HOSPITAL PHONE NUMBER: () _____

CITY, PROVINCE: _____ YOUR EXTENSION NUMBER: _____

HOSPITAL ADMISSION DATE (mm/dd/yyyy): _____ HOSPITAL DISCHARGE DATE (mm/dd/yyyy): _____

DATE OF ONSET OF ILLNESS/ACCIDENT (mm/dd/yyyy): _____

REASON FOR HOSPITALIZATION: _____

I DECLARE THAT ALL THE DETAILS I HAVE PROVIDED ABOVE IN THIS REIMBURSEMENT REQUEST ARE TRUE AND ACCURATE.

SIGNATURE _____ DATE (mm/dd/yyyy) _____

INFORMATION TO BE COMPLETED BY BOARDING FACILITY OR PET CARE GIVER

CARE TOOK PLACE FROM : _____ TO: _____

TOTAL FEE: _____ FEE PER DAY: _____

NAME OF KENNEL OR CARE GIVER: _____ PHONE NUMBER: () _____

I DECLARE THAT ALL THE DETAILS I HAVE PROVIDED ABOVE IN THIS REIMBURSEMENT REQUEST ARE TRUE AND ACCURATE.

SIGNATURE _____ DATE (mm/dd/yyyy) _____

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.

Questions? Call 1-800-364-8422

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

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 from when your pet went missing.
- This benefit is for boarding fees or care giving fees for when you are hospitalized as a result of an accident or illness. The period of your hospitalization and the period of stay in a kennel or cattery must occur while this policy is in effect after the expiry of the initial applicable waiting period. The limit is \$ 1000 and up to \$ 30 per day.
- This benefit is not provided if you are hospitalized for any condition relating to pregnancy or giving birth, or for treatment of alcohol or drug abuse or addiction, attempted suicide, self-inflicted injuries or cosmetic surgery.
- 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

1. **Fax: 1-855-456-7387** – *No cover sheet required.*
2. **Mail your reimbursement request form and all relevant receipts to:**
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.

