

# REIMBURSEMENT REQUEST FORM EMERGENCY MEDICAL COVERAGE



## 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](mailto: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.

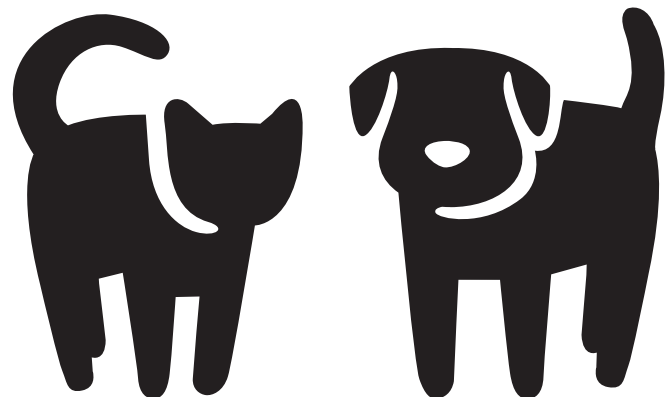
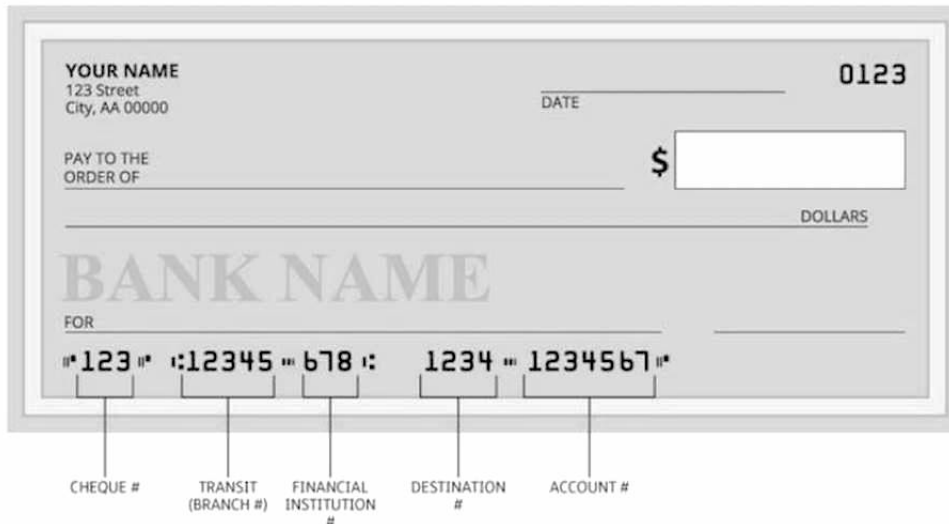
If you wish to receive your claims reimbursements through the mail via cheque, please understand that there may be unforeseeable delays.

YOUR BANK/INSTITUTION NUMBER (3 DIGITS): \_\_\_\_\_

YOUR BRANCH/TRANSIT NUMBER (5 DIGITS): \_\_\_\_\_

YOUR ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT HOLDER NAME: \_\_\_\_\_  
(AS IT APPEARS ON YOUR ACCOUNT)



# REIMBURSEMENT REQUEST FORM EMERGENCY MEDICAL COVERAGE



## 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) \_\_\_\_\_

## CIRCUMSTANCES SURROUNDING YOUR LOST PET

DATE OF DISAPPEARANCE: \_\_\_\_\_

DATE LOSS WAS REPORTED TO AUTHORITY: \_\_\_\_\_

NAME OF AUTHORITY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: (        ) \_\_\_\_\_

DETAILS OF HOW LOSS OCCURED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## To be completed by the 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			

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:

Email Claim Form to: [submissions@petsplusus.com](mailto: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 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.
  - The co-pay and deductible that you preselected for this coverage.
- 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](mailto:submissions@petsplusus.com)**  
Take a picture with your mobile device or send a PDF file.

