

REIMBURSEMENT REQUEST FORM HOLIDAY TRIP CANCELLATION



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 ABOUT THE CANCELLED/SHORTENED TRIP

TRIP BOOKING DATE (mm/dd/yyyy): _____ PLANNED DEPARTURE DATE (mm/dd/yyyy): _____

PLANNED RETURN DATE (mm/dd/yyyy): _____ ACTUAL RETURN DATE (mm/dd/yyyy): _____

DATE TRIP WAS CANCELLED/ALTERED (mm/dd/yyyy): _____ TOTAL TRIP COSTS: _____

YOUR PORTION OF TRIP COST: _____ HOSPITAL DISCHARGE DATE: _____

REASON FOR CANCELLATION: _____

INFORMATION TO BE COMPLETED BY VETERINARIAN PROVIDING EMERGENCY LIFE-SAVING TREATMENT

ARE YOU AWARE OF THIS PET BEING SEEN BY ANOTHER HOSPITAL FOR ANY OF THE FOLLOWING DIAGNOSES? YES NO

FOR WHAT EMERGENCY LIFE-SAVING TREATMENT WAS THIS PATIENT TREATED? (list major complaints if no diagnosis determined)

_____ HAVE YOU EVER SEEN THIS PET FOR THIS CONDITION BEFORE? YES NO

_____ HAVE YOU EVER SEEN THIS PET FOR THIS CONDITION BEFORE? YES NO

DID THE ABOVE CONDITIONS RESULT IN THE DEATH/EUTHANASIA OF THIS PATIENT? YES NO

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

SIGNATURE _____

DATE (mm/dd/yyyy) _____

PRACTICE STAMP

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 of the pertaining treatment.
- We reimburse travel and accommodation costs when your pet receives life-saving emergency treatment that requires you to cancel within 7 days before leaving or to cut short a holiday. The emergency treatment must occur after the expiry of the applicable waiting period and while your policy is in effect. Limit is \$1,000 per incident.
- To be eligible for cancellation benefits:
 - You must not have recovered travel and accommodation costs from any other source.
 - You must have booked your holiday 28 days or more in advance.
 - Any problem suffered by your pet necessitating the emergency treatment must not be an excluded condition.
- 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.

