

REIMBURSEMENT REQUEST FORM ACCIDENT / ACCIDENT & ILLNESS



TO BE COMPLETED BY MEMBERS:

YOUR POLICY NUMBER: _____

YOUR PET'S NAME: _____

YOUR NAME: _____
Please give name as it appears on policy documents

PHONE NUMBER: () _____

EMAIL: _____

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.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

SIGNATURE _____

DATE (mm/dd/yyyy) _____

PLEASE LIST ALL CONDITIONS YOU ARE CLAIMING FOR:

<p>If a diagnosis is available, please include it. Otherwise please describe the reason for your recent vet visits, such as the signs or symptoms that required treatment - For example limping, vomiting or itching. If you are claiming for medication, list the condition it is for.</p>	<p>Date you first noticed the condition:</p>
<p>Condition 1</p>	
<p>Condition 2</p>	
<p>Condition 3</p>	
<p>Has any other clinic seen your pet for this condition? If yes, please indicate clinic:</p>	<p>Date of other clinic visit:</p>

Get your claims reimbursements faster with Direct Deposit, and receive paperless communications via email. Contact us for more information! Call 1-800-364-8422

To ensure rapid processing of your reimbursement request, please include the following:

- o All relevant receipts and invoices that pertain to this reimbursement request.
- o Related medical records and detailed examination notes
- o **ANY FORMS THAT ARE INCOMPLETE OR MISSING LEGIBLE RECEIPTS/INVOICES MAY DELAY REIMBURSEMENT**

TIPS FOR MEMBERS

- Please submit this form in a timely manner. All reimbursement requests must be sent to us within 6 months of the related treatment.
 - o If your clinic is submitting the claim on your behalf, check your email for confirmation and status updates, or log in to the portal to confirm the claim submission
- Submit one (1) reimbursement request form for **each pet**.
- If you are mailing this form and receipts, please keep a copy for your records. Local mailing times will vary.
- You are responsible for the following:
 - o Paying any veterinary fees that are not covered by this policy, including medical problems and conditions that began before your coverage came into effect
 - o Paying any fees that are elective or not medically necessary (e.g. bathing, boarding, treats)
 - o Paying the co-insurance (Your Share) and the deductible that you selected for this policy

SUBMIT YOUR CLAIM

1. Submit on your online portal at **portal.petsplusus.com** for fast, paperless processing! 

2. Take a picture with your mobile device or send a PDF file of your form and receipts by email to **submissions@petsplusus.com**

3. **Mail** to: PTZ Insurance Service LTD
710 Dorval Drive, Suite 400
Oakville, Ontario L6K 3V7

Send our reimbursement request form and all relevant receipts by one method only. Duplicate requests will delay processing.

INFORMATION REQUIRED

- **All diagnosis or reasons** for visit must be provided. If a diagnosis is unknown, list the symptoms or signs observed that caused you to seek treatment or advice
- Please obtain a **closed/finalized** invoice. This includes:
 - o An invoice number
 - o The pet's name
 - o List of the itemized services performed and the associated cost(s)
 - o Final invoice amount including all discounts, credits and tax amounts

*The following are **not** considered invoices: account summary, transaction history, open invoices, packing slips and pharmacy payment receipts without associated prescription labels
- Make sure documents submitted are **clear and legible** - please refrain from writing over or covering any details of the documents
- **Have you sent us your pet's complete medical history?** Often referred to as 'chart notes' or 'SOAP notes'
 - o If you have, be sure to send your updated recent exam notes
 - o We need your pet's complete and up to date records before we can process your claim
 - o If your pet was adopted, we ask for a copy of all documents provided by the adoption facility
 - o If submitting a dental fracture claim, **always** submit complete medical records



If you need any help filling out this form, call us at 1-800-364-8422 and we would be happy to help!