

# REIMBURSEMENT REQUEST FORM ACCIDENT / ACCIDENT & ILLNESS



## 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:

| DIAGNOSIS OR REASON FOR VISIT<br>(LIST MAJOR COMPLAINTS IF NO DIAGNOSIS DETERMINED) |  | DATE THE PROBLEM FIRST OCCURRED*<br>(mm/dd/yyyy) | HAVE YOU EVER SEEN THIS PET FOR THIS CONDITION BEFORE? |  |
|---|--|--|--|--|
|   |  |  |  |  |
| PROBLEM 1   |  |  |  |  |
| PROBLEM 2   |  |  |  |  |
| PROBLEM 3   |  |  |  |  |

\*As noted by veterinarian, member, or pet's medical history.

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:**

**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 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:**  
Pets Plus Us  
1115 North Service Road West, Unit 2  
Oakville, Ontario L6M 2V9
3. **Email: [submissions@petsplusus.com](mailto:submissions@petsplusus.com)**  
*Email PDF or JPEG file. Submit by one method only as duplicate requests will delay processing.*

