

REIMBURSEMENT REQUEST FORM PET EMERGENCY HOLIDAY TRIP CANCELLATION



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) _____

INFORMATION ABOUT THE CANCELLED/SHORTENED TRIP

TRIP BOOKING DATE (mm/dd/yy): _____	PLANNED DEPARTURE DATE (mm/dd/yy): _____
PLANNED RETURN DATE (mm/dd/yy): _____	ACTUAL RETURN DATE (mm/dd/yy): _____
DATE TRIP WAS CANCELLED/ALTERED (mm/dd/yy): _____	TOTAL TRIP COSTS: _____
NON-REFUNDABLE PORTION OF TRIP COST: _____	HOSPITAL DISCHARGE DATE: _____
REASON FOR CANCELLATION: _____ _____	

INFORMATION ABOUT EMERGENCY LIFE-SAVING TREATMENT

For what condition was this pet treated? If no diagnosis determined please include major complaints or symptoms:	Date you first noticed the condition:
Condition 1	
Condition 2	

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.
- We reimburse non-refundable travel and accommodation costs when your pet receives life-saving emergency treatment and you have to interrupt a holiday or cancel it within 7 days of your planned departure. The emergency treatment must occur after the applicable waiting period and while your policy is in effect. The limit for coverage is \$1000 per incident.
- In order for coverage to apply:
 - o You must not have recovered travel and accommodation costs from any other sources
 - o You must have booked your holiday 28 days or more in advance of the planned departure
 - o Any problem suffered by your pet necessitating the emergency life-saving treatment must qualify for coverage as per your selected policy User Guide and not an excluded condition

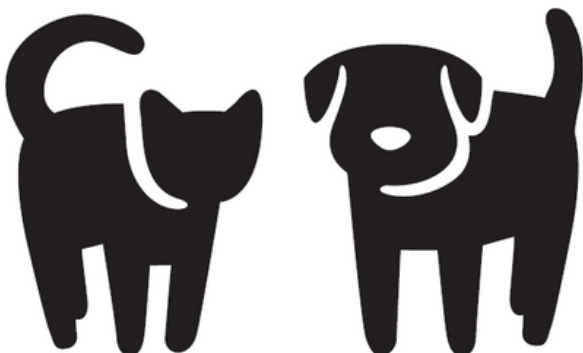
INFORMATION REQUIRED

- Include travel and accommodation receipts with claim submission
- Please obtain a **closed/finalized** of vet 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
- Your pet's complete medical history is required in order to underwrite your policy and process claims, **if not previously submitted**
 - o Often referred to as 'chart notes' or 'SOAP notes'
 - o If your pet was adopted, we ask for a copy of all documents provided by the adoption facility

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



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