

# Veterinary Statement of Appeal



## BEFORE YOU BEGIN:

In the case of a denied claim or coverage dispute, veterinarians may assist in appealing a decision by providing additional diagnostic data that has not already been considered. This data may include one or more of the following: laboratory reports, imaging, referral records, dated correspondence, additional medical records, and clinical observations. Updating a differential diagnosis to a definitive diagnosis can be achieved by submitting additional diagnostic data. Any amendments must be recorded in the permanent medical record.

Subjective information such as client observations and onset dates are valid and clinically relevant as originally recorded by the client and/or their agent, veterinarian, technician, or any clinic team member. Amendments to this portion of the medical record will not be considered unless presented with verifiable rationale for the change, and the signatures of the client and the veterinarian.

## VETERINARIAN'S STATEMENT:

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## Attachment Checklist (must include at least one)

- Laboratory Report
- Clinical Observations
- Imaging or Radiology Report
- Dated Correspondence
- Specialist Report/Record
- Additional/Updated Medical Record

## Acknowledgement

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 have read and understand all information presented on this document. I confirm to the best of my knowledge that the statements provided, and all supplementary documents, are true in every respect.

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

License No.: \_\_\_\_\_ Licensing Body: \_\_\_\_\_

Policy Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form, along with the supporting attachments indicated above, and any additional relevant claim forms:**

1. Take a picture with your mobile device or send PDF files by email to [submissions@petsplusus.com](mailto:submissions@petsplusus.com)

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