

REIMBURSEMENT REQUEST FORM BOARDING, KENNEL OR CATTERY FEES



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 TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL ADMINISTRATOR

HOSPITAL NAME: _____ PATIENT'S NAME: _____

HOSPITAL ADDRESS: _____ HOSPITAL PHONE NUMBER: () _____

CITY, PROVINCE: _____ YOUR EXTENSION NUMBER: _____

HOSPITAL ADMISSION DATE (mm/dd/yy): _____ HOSPITAL DISCHARGE DATE (mm/dd/yy): _____

ONSET DATE OF ILLNESS/ACCIDENT (mm/dd/yy): _____

REASON FOR HOSPITALIZATION: _____

I DECLARE THAT ALL DETAILS I HAVE PROVIDED ABOVE ARE TRUE AND ACCURATE

SIGNATURE _____ DATE (mm/dd/yyyy) _____

INFORMATION ABOUT BOARDING FACILITY OR PET CARE PROVIDER

CARE TOOK PLACE FROM: _____ TO: _____

TOTAL FEE: _____ FEE PER DAY: _____

NAME OF CARE PROVIDER: _____ PHONE NUMBER: () _____

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 **ANY FORMS THAT ARE INCOMPLETE OR MISSING LEGIBLE RECEIPTS/INVOICES MAY DELAY REIMBURSEMENT**


TIPS FOR MEMBERS

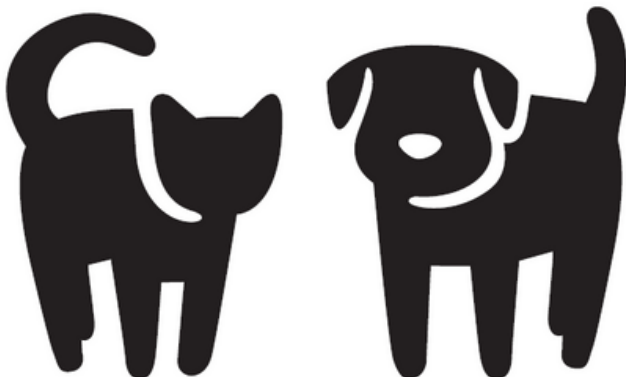
- Please submit this form in a timely manner. All reimbursement requests must be sent to us within **6 months** of the related treatment.
 - o If someone else is submitting the claim on your behalf, check your email for confirmation and status updates, or log in to the portal to confirm the claim submission
- 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 for boarding fees or care giving fees when you or an immediate family member are hospitalized for at least 48 hours because of an unexpected accident or illness. The period of hospitalization and the period of boarding/care fees must occur after the applicable waiting period and while your policy is in effect. The limit for coverage is \$1000 per incident and up to \$30 per day.
- We will not pay this benefit:
 - o If you are hospitalized for any condition relating to expected or routine treatment, elective or cosmetic surgery
 - o For extended boarding costs if your pet remains in a boarding facility during your recovery time at home or out of the hospital

INFORMATION REQUIRED

- Include all receipts for any boarding fees or care giving fees paid
- Please ensure the information regarding your hospitalization is completed in full
- Make sure documents submitted are **clear and legible** - please refrain from writing over or covering any details of the documents

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!