

# REIMBURSEMENT REQUEST FORM FLEX CARE/WELLNESS CARE



## 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 INDICATE THE WELLNESS CARE ITEMS YOU ARE CLAIMING

- |   |                                     |  |  |
|---|-------------------------------------|--|--|
| <input type="radio"/> Annual Physical / Wellness Exam | <input type="radio"/> Spay / Neuter | <input type="radio"/> Blood profile        | <input type="radio"/> Faecal test                                    |
| <input type="radio"/> 1st Booster                     | <input type="radio"/> Microchip     | <input type="radio"/> Urinalysis           | <input type="radio"/> Anal gland expression                          |
| <input type="radio"/> 2nd Booster                     | <input type="radio"/> Nail trim     | <input type="radio"/> Prescription food    | <input type="radio"/> Deworming                                      |
| <input type="radio"/> 3rd Booster                     | <input type="radio"/> Dental        | <input type="radio"/> Heartworm blood test | <input type="radio"/> Flea, tick, or heartworm prevention medication |

Other (FLEX CARE COVERAGE) \_\_\_\_\_

\_\_\_\_\_

Please indicate the treatments you would like processed under your Flex Care policy if not listed above.

**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 treatments specifically excluded from Flex Care Coverage
  - o Treatments outside of your preselected Wellness Care treatments
- Unused Wellness and Flex Care balances cannot be refunded or carried over to the next year-contact us at any time to check your remaining balances

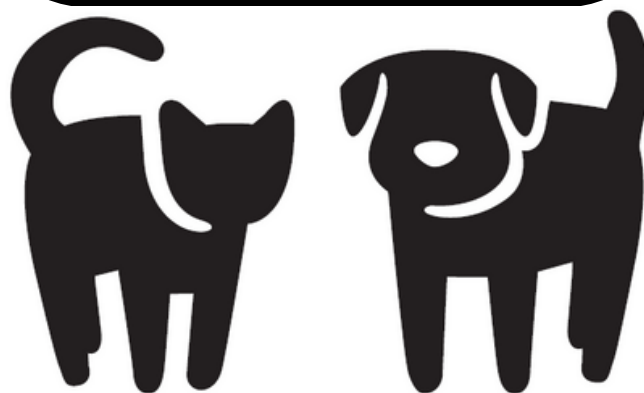
## INFORMATION REQUIRED

- Clearly indicate **all** treatments and invoice items you wish to claim under Wellness/Flex Care policies
- 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

## 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!**