

# REASSESSMENT REQUEST FORM



## 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 submit this completed form as your cover page along with additional information and/or documentation as outlined below.**

## PLEASE LIST ALL CONDITIONS YOU ARE SEEKING REASSESSMENT FOR:

If a diagnosis is available, please include it. Otherwise please describe the reason for your recent vet visits, such as the signs or symptoms that require treatment. If you are claiming for a medication please clarify what condition it is for.	Claim Number
Reason 1	
Reason 2	
Reason 3	

### SUPPORTING DOCUMENTS CHECKLIST:

- Complete medical records, including detailed exam notes as well as all relevant lab/blood work and pathology reports
- A signed statement on clinic letterhead written by the attending licensed veterinarian - statement must include reason for reassessment, onset date based on symptoms and/or history provided and the most recent diagnosis for the condition(s) noted above. If your vet is providing a statement, we suggest utilizing our 'Veterinary Statement of Appeal' form
- Any other new or additional information or documentation not previously received by us

**MISSING INFORMATION AND/OR REQUIRED SUPPORTING DOCUMENTS WILL RESULT IN PROCESSING DELAYS**

Get your claims reimbursements faster with Direct Deposit, and receive paperless communications via email. Contact us for more information! Call 1-800-364-8422 

### TIPS FOR MEMBERS

- Please submit this form in a timely manner. All reassessment requests must be sent to us within **90 days** of the original claim decline.
  - If your clinic is submitting the claim on your behalf, call us for confirmation at 1-800-364-8422
- If you are mailing this form and supporting documents, please keep a copy for your records. Local mailing times will vary.
- You are responsible for the following:
  - Paying any veterinary fees that are not covered by this policy, including medical problems and conditions that began before your coverage came into effect
  - Paying any fees that are elective or not medically necessary (e.g. bathing, boarding, treats)
  - Paying the co-insurance (Your Share) and the deductible that you selected for this policy

### INFORMATION REQUIRED

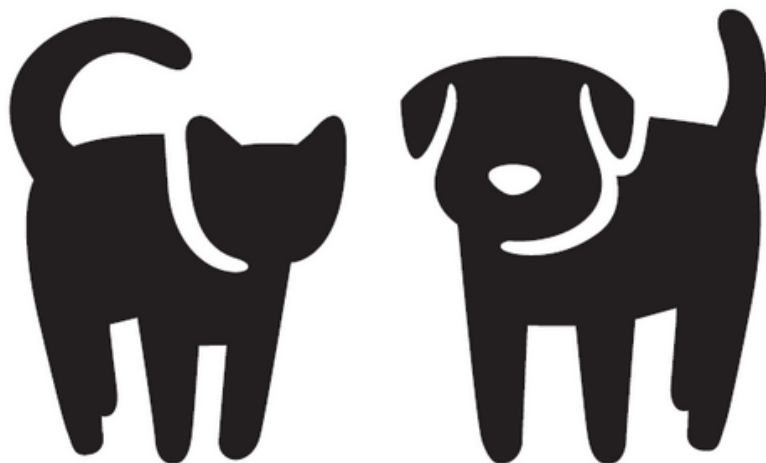
- **All diagnosis or reasons** for visit must be provided. If a diagnosis is unknown, list the symptoms or signs observed that caused you to seek treatment or advice
- Make sure documents submitted are **clear and legible** - please refrain from writing over or covering any details of the documents
- Claims numbers can be located on the first page of your Explanation of Benefits letter
- **Have you sent us your pet's complete medical history?** Often referred to as 'chart notes' or 'SOAP notes'
  - If you have, be sure to send your updated recent exam notes
  - We need your pet's complete and up to date records before we can reassess your claim
  - If your pet was adopted, we ask for a copy of all documents provided by the adoption facility
  - If submitting a dental fracture claim, always submit complete medical records

### SUBMIT YOUR REQUEST

**1.** Take a picture with your mobile device or send a PDF file of your form and supporting documents by email to **submissions@petsplusus.com**

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

**Send your reassessment request form and all relevant documents 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!**

# 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

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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