

PRE-APPROVAL 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 LIST ALL CONDITIONS YOU ARE SEEKING TREATMENT 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. For example limping, vomiting or itching.	Date you first noticed the condition:
Condition 1	
Condition 2	
Condition 3	
Has any other clinic seen your pet for this condition? If yes, please indicate clinic:	Date of other clinic visit:

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 Pre-approval request, please include the following:

- o All relevant estimates and/or treatment plans
- o Your pet's complete medical records that relate to this pre-approval request
- o **ANY FORMS THAT ARE INCOMPLETE OR MISSING LEGIBLE ESTIMATES, TREATMENT PLANS OR MEDICAL RECORDS MAY DELAY REIMBURSEMENT**

TIPS FOR MEMBERS

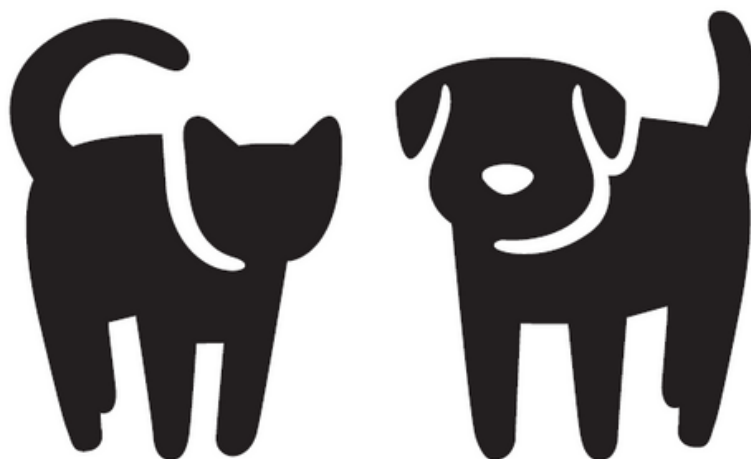
- Your pet's well being is important to us and we strive to respond to all pre-approval requests within 3 business days of receiving them. Please do not withhold or delay treatment while you wait to hear from us and always be sure to follow the advice of your vet.
- Pre-approvals are designed to be submitted along with high value estimates, typically with a minimum cost of \$1000.
- If you are mailing this form and estimates/treatment plans, please keep a copy for your records. Local mailing times will vary.
- Once you receive a closed invoice, please be sure to submit your reimbursement request in a timely manner. All reimbursement requests must be received by us within 6 months of the treatment.

SUBMIT YOUR REQUEST

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

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

Send your pre-approval 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!