

## PRE-AUTHORISATION REQUEST FORM

Your insurance is a contract between yourself (the policyholder) and your Insurance Company. We are a third party, entirely independent of this. It is therefore practice policy to obtain payment at the time of treatment, regardless of a pet's insurance status. In order to assist people in this economic climate, we may be able to consider agreeing to a direct claim, whereby the insurance company may pay us directly for your pet's treatment. **We reserve the right not to accept direct claims from Waggel, Every paw and Scratch and Patch, and any other insurance company we deem appropriate.** Please note that this pre-authorisation request applies to the named condition only.

In non-urgent situations and where your insurer offers it, we will complete a pre-authorisation to request written confirmation of cover from them. If this is not possible, we will check your policy information and advise you whether we can see any obvious reason for an exclusion. However, this will not inform us as to whether your insurance company will cover the treatment - this decision is for your insurer to make; not us. We would therefore always advise that you check the small print of your policy carefully and discuss the treatment and costs directly with your insurer.

In order for us to consider whether we can agree to claim directly from your insurance company, we require the following information:-

1. A copy of your pet's Policy Schedule
2. Payment of the administrative insurance charge of £20

<b>Insurance Company</b>		<b>Policy Number</b>	
<b>Policyholders Full Name</b>		<b>Policyholders Date of Birth</b>	
<b>Address of Policyholder</b>		<b>Pets Name</b>	
<b>Start Date of Policy</b>		<b>Condition Request is For</b>	

I understand and agree with the above. I grant express permission to Broad Lane Vets to speak to the insurer on my behalf. I will provide details of all previous veterinary treatment at other practices. I understand that should a pre-authorisation be unsuccessful, or there be any concerns about the policy, I may not be offered a direct claim.

Signed (owner): \_\_\_\_\_ Name (printed): \_\_\_\_\_  
Date: \_\_ / \_\_ / \_\_\_\_

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I have taken payment of the admin fee. A copy of this document and the pet's insurance Policy Schedule have been scanned onto file, a copy given to the owner, and the original placed in the insurance folder and added to the checklist.

Signed (staff): \_\_\_\_\_ Name: \_\_\_\_\_

## **DIRECT CLAIM AGREEMENT**

\*We have reviewed your policy documents and are willing to agree a direct claim for the below condition. Our review of your documents and your pet's clinical records does not inform us as to whether your insurance company will cover the treatment - this decision is for your insurer to make.

\*Your insurance company have confirmed a pre-authorisation of the below condition for your pet. We are therefore willing to offer a direct claim for the below condition.

*\*delete as appropriate*

<b>Pet Name</b>		<b>Owner Name</b>	
<b>Insurance Company and Policy Number</b>		<b>Condition claimed for</b>	
<b>Exclusions and Policy Limits</b>		<b>Estimated Total Cost</b>	
		<b>Excess to Pay</b>	
		<b>Co-Payment (estimated)</b>	

**You will need to have paid the direct claim administration fee, excess, and the estimated co-payment prior to treatment being undertaken on your pet. Co-payment amounts vary and will be confirmed with you once the insurance company settles the claim. In the event that your insurance company rejects (or only partially-settles) any claim, you remain liable to pay us for the full cost of the treatment we provide to your pet (or the balance outstanding). All outstanding balances must be settled within 30 days of notification of the final balance. Failure to do so will incur additional administrative fees.**

I confirm that I have read and understand the above information and know that I will remain responsible for any outstanding balance on my account.

Signed (owner): \_\_\_\_\_ Name (printed): \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

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I confirm that I have checked the paperwork provided by the owner/policyholder and that the above paperwork is complete and correct. Policy documents and completed claim paperwork have been scanned onto the file.

Signed (senior vet or insurance team): \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_