

**PRE-AUTHORISATION REQUEST FORM – PET PROACTIVE**

Your insurance is a contract between yourself (the policyholder) and Pet Proactive. We are a third party, entirely independent of this.

Due to the collaboration between ourselves and Pet Proactive, we offer direct claims for your pet’s care. This excludes routine and preventative healthcare such as vaccinations, and flea and worming treatment, and any conditions excluded on your policy. If you would like us to arrange ongoing direct claims, we will need to review your cover with Pet Proactive, to check whether there are any existing exclusions. We should then be able to make direct claims for any of your pet’s treatment that is covered. Pet Proactive retain the final say in whether your pet’s investigations and conditions are covered, as they provide the insurance cover, with us acting as a third party, independently of them. We would therefore always advise that you check the small print of your policy carefully and discuss any treatment and costs directly with your insurer.

In order for us to consider whether we can agree to claim directly from Pet Proactive, we require your consent to liaise directly with Pet Proactive. You will pay an annual excess (payable to Broad Lane Vets) of £100, irrespective of how many conditions your pet has, or how many claims are made. We charge an initial administration fee of £20 (where appropriate) to review your policy and make the first direct claim. If your pet has an ongoing condition we will make claims every four months. Further claims are charged at £10 per claim.

<b>Insurance Company</b>	<b>Pet Proactive</b>	<b>Phone 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>Current Condition Request is For</b>	

I understand and agree with the above. I grant express permission to Broad Lane Vets to speak to Pet Proactive 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.

I would like to request that all investigations and treatment for my pet are claimed directly through Pet Proactive, unless I advise otherwise in writing to the practice, or by email to [insurance@broadlanevets.co.uk](mailto:insurance@broadlanevets.co.uk)

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

**AFTER COMPLETION, SCAN-ON THIS FORM TO PET FILE AND PRINT OFF AND PROVIDE A COPY TO THE OWNER**

## **DIRECT CLAIM AGREEMENT – PET PROACTIVE**

We have reviewed your policy and are willing to agree a direct claim as there are no existing exclusions for this condition. Please note that our review of your documents and your pet's clinical records does not guarantee whether your insurance company will cover the treatment - this decision is for your insurer to make. Where appropriate, we will continue to pay these by direct claim over the next year – see below for pricing structure.

<b>Pet Name</b>		<b>Owner Name</b>	
<b>Condition claimed for</b>		<b>Exclusions and Policy Limits</b>	
<b>Excess to Pay annually</b>	£100	<b>Date of excess payment</b>	
<b>Initial direct claim admin fee</b>	£20	<b>Date of admin payment</b>	
<b>Further direct claim admin fee</b>	£10	<i>These are usually made every 4 months for ongoing conditions, where applicable</i>	

**You will need to pay the insurance administration fee and the excess, prior to treatment being undertaken on your pet. If 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).**

I confirm that I have read and understand the above information and am aware 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 Pet Proactive cover and that the above paperwork is complete and correct, and a copy scanned onto file

Signed (team member): \_\_\_\_\_ Name: \_\_\_\_\_

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