Pre-Authorisation of possible claim

Once we receive this form we will tell you as soon as possible whether the proposed treatment is covered by the terms and conditions of the policy. Once confirmed, simply send us the invoice quoting the claim number when the treatment is complete.
PEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

1 About You – to be completed by policyholder

Policy number: D N

Policyholders' name Mr/Mrs/Ms

Policyholders' address:

Daytime telephone no:

Email address:

2 About Your Pet – to be completed by policyholder

Your pet's name

Pedigree name *(if applicable)*

Is your pet a Dog ☐ Cat ☐

Breed

Pet's date of birth / / Male ☐ Female ☐

Date you first owned your pet / /

Is your pet insured with any other company? Yes ☐ No ☐

If Yes, please state which company

3 About the Illness or Injury – to be completed by policyholder

What condition is the treatment for?

Please give us the details of ALL the veterinary practices your pet has been registered with. (If there is not enough space please use separate piece of paper).

Name:

Address:

Telephone no.:

Date: from / / to / /

4 General Information – to be completed by policyholder

Who should we pay? Policyholder ☐ Veterinary Practice ☐

You are responsible for any vet fees that exceed your Vet Fee Benefits for the policy year.
Please ensure you have sufficient information from your vet to answer the following questions.

What are the total estimated costs for the detailed treatment breakdown quoted to you and agreed by you with your vet?

Has your vet informed you of any further treatment that may be required for this condition? Yes ☐ No ☐

If 'Yes' have you received an estimate of costs for this treatment? Yes ☐ No ☐

5 Signatures – to be completed by policyholder

If the policy is in joint names both policyholders must sign

Signature ✗ _____ Date ✗ __ __ / __ __ / __ __ __ __

Signature ✗ _____ Date ✗ __ __ / __ __ / __ __ __ __

Are you happy for Petplan to provide the veterinary practice(s) identified on this form with information about your policy in respect of this Pre-Authorisation request? Yes ☐ No ☐

I confirm that I have checked the information on this Pre-Authorisation form and that it is all correct to the best of my knowledge. ☐

ANY QUESTIONS THAT ARE NOT ANSWERED FULLY COULD DELAY REPLY

This Section Must Be Completed by the Vet

6 About the Illness or Injury – to be completed by the Vet

When was this pet first registered at your practice? Date __ __ / __ __ / __ __ __ __

Name of the illness / injury or the clinical signs if no diagnosis has been made

_____

_____

_____

_____

To your knowledge has the pet been seen before for:

This illness or injury Yes ☐ No ☐

Any similar or related illness or injury Yes ☐ No ☐

Any similar or related clinical signs Yes ☐ No ☐

If YES please provide history with dates

_____

_____

Date: __ __ / __ __ / __ __ __ __

_____

_____

Date: __ __ / __ __ / __ __ __ __

---

7 General Information – to be completed by the Vet

Please provide the details of the primary veterinary practice

Name _____

_____

Address _____

_____

Postcode _____

Telephone no _____

Email _____

Will the treatment be carried out at the primaryveterinary practice? Yes ☐ No ☐

If No, please provide name and address of the practice where the treatment will be carried out.

Name _____

_____

Address _____

_____

_____

Telephone no _____

Email _____

8 Attachments – to be completed by the Vet

You must enclose the following:

- Full clinical history from the primary and referral veterinary practices ☐
- A description and detailed breakdown of the estimated treatment costs ☐
- Referral letter, if you have one ☐

WITHOUT THIS INFORMATION WE WILL NOT BE ABLE TO PROCESS THIS PRE-AUTHORISATION REQUEST

9 Attachments – to be completed by the Vet

I have checked all the information on this form and as far as I know it is correct.The fees I have estimated are no higher than my normal fees.

Signature ✗ _____

Date __ __ / __ __ / __ __ __ __ Time ____ : ____ am/pm

Practice stamp

PLEASE FAX BOTH SIDES OF THE CLAIM FORM AND ATTACHMENTS TO THE CLAIM TEAM ON 01-6609453

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