

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.

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

1 About You – to be completed by policyholder

Policy number:

Policyholders' name

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 **X** _____

Date **X** ____/____/____

Signature **X** _____

Date **X** ____/____/____

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 primary veterinary 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 **X** _____

Date / / Time : am/pm

Practice stamp

Please email this form and attachments to petplanclaims@allianz.ie

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