

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. Policyholder to complete POLICY NUMBER D | N | | | | | | | |

2. Policyholder to complete ABOUT YOU

Policyholder's name

Daytime telephone no

Email address

Policyholder's address

3. Policyholder to complete ABOUT YOUR PET / HORSE

Pet's / horse's name:

Pedigree name

Is your pet a Dog Cat Horse

Breed

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

Date you first owned your pet / horse / /

Is your pet / horse insured with any other company? Yes No

If Yes, please state which company

4. Policyholder to complete ABOUT THE ILLNESS OR INJURY

What condition is the treatment for?

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

Name

Address

Telephone no

Date: from / / to / /

5. Policyholder to complete GENERAL INFORMATION

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

6. Policyholder to complete SIGNATURES

If the policy is in joint names both policyholders must sign

Signature

Date / /

Signature

Date / /

Are you happy for Allianz 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

7. Vet to complete ABOUT THE ILLNESS OR INJURY

When was this pet / horse 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 / /

8. Vet to complete GENERAL INFORMATION

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

9. Vet to complete ATTACHMENTS

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**

10. Vet to complete DECLARATION

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.

Practice stamp

Signature 

Date / / Time : am/pm

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