

Pre-authorisation of possible claim

Once we receive this form we will tell you within 3-5 working days 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 the form and ensure it is saved before you send it. Missing information will delay your claim.

We're happy to help!

If you need any help completing this form, please visit petplan.co.uk/my-petplan/howtoclaim.asp

1. Policyholder to complete

POLICY NUMBER

Reference letters *not* required

2. Policyholder to complete

ABOUT YOU

Policyholder's address

Policyholder's surname

Policyholder's first name

Telephone no.

Mobile no.

Email address

Postcode

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

(Required for electronic payments)

3. Policyholder to complete

ABOUT YOUR PET

Pet's name

Pedigree name

Is your pet a Dog Cat Rabbit

Breed

If crossbreed, please state dominant breed *(dogs only)*

Pet's microchip no.

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

4. Policyholder to complete

ABOUT THE ILLNESS OR INJURY

What condition is the treatment for?

Please tell us the date you first noticed any signs that your pet was unwell or injured.

Date / /

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

Name

Address

Postcode

Telephone no.

Date from / / to / /

5. Policyholder to complete

PAYEE DETAILS

By completing this form I authorise Petplan to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

Who would you like us to pay?

Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

PLEASE COMPLETE ONE OF THE FOLLOWING

Pay the vet direct

I/We have checked with the vet and would like this claim paid directly to them

Practice name

Pay policyholder(s)

Policyholder name

Direct Debit customers

Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in section 2 to avoid delay in settlement.

Date / /

We may contact you about this claim and future claims by letter, text message or email, using the contact details provided on this form.

IMPORTANT NOTES

- Please include all required documentation, including original invoices and if this is the first claim, a full clinical history
- Please send completed claim forms including copies of all receipts and vet histories to: preauthclaims@petplan.co.uk
- Please use a separate claim form for each animal

ANY QUESTIONS THAT ARE NOT ANSWERED FULLY COULD DELAY OUR REPLY

We're happy to help!

If you need any help completing this form, please visit petplan.co.uk/my-petplan/howtoclaim.asp

THIS SECTION MUST BE COMPLETED BY THE VET

6. Vet practice to complete

ABOUT THE ILLNESS OR INJURY

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

Is the pet booked in for treatment? Yes No

If Yes, please give the date / /

What procedure or treatment are you pre-authorising and why?

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 the history with dates

Date / /

Date / /

7. Vet practice to complete

GENERAL INFORMATION

Please provide the details of the primary veterinary practice

Name

Address

Postcode

Telephone no.

Email address

Will the treatment be carried out at the primary veterinary practice? Yes No

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

Name

Address

Postcode

Telephone no.

Email address

8. Vet practice to complete

ATTACHMENTS

You must enclose the following:

- Full clinical history from the primary and referral veterinary practices and charity
- A description and 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
AND THE FORM WILL BE
RETURNED**

9. Vet practice to complete

DECLARATION BY THE VETERINARY PRACTICE

This practice is authorised to have claims paid direct Yes No

By completing this form I confirm I have checked the information on this claim form and it is all correct to the best of my knowledge.

Name

Position in practice

Petplan practice no.

Email address

IF YOU WOULD LIKE TO SUBMIT THIS INFORMATION BY EMAIL, PLEASE SEND TO preauthclaims@petplan.co.uk