

Serviced by: Fetch Insurance Services LLC, 3805 West Chester Pike, Suite 240, Newtown Square, PA 19073 • Tel: 1.866.467.3875

FORM FOR PRE-AUTHORISATION OF A CLAIM

(PLEASE COMPLETE SECTIONS CLEARLY IN BLOCK CAPITALS USING BLUE OR BLACK INK)

Petplan[®]

SECTION 2 – ABOUT THE INJURY OR ILLNESS (TO BE COMPLETED BY THE TREATING VETERINARIAN)

PART 1 – TREATING VETERINARIAN

Veterinarian name: _____ Clinic name: _____ Province: _____
Phone: _____ Clinic/veterinarian email: _____
(in order to be updated on the status of this pre-authorisation, you must provide a valid email address)

PART 2 – CASE HISTORY

Is this claim for an ☐ injury or ☐ illness? Onset date of clinical signs of this illness/injury: _____
Name of injury/illness (if no diagnosis has been noted, please give clinical signs): _____
To your knowledge, has this pet been seen before for this ☐ injury or illness? ☐ a similar or related illness or injury?
☐ any similar or related clinical signs?
If yes, please provide details: _____
Is your facility one of the following: ☐ an accredited school/college of veterinary medicine? ☐ a specialist or referral veterinary facility?
☐ an emergency or out-of-hours veterinary facility?
If your facility is not one of those listed above, is any veterinarian providing treatment certified or boarded in any area? ☐ yes ☐ no
If yes, please provide details: _____
Was this pet referred to you? ☐ yes ☐ no If yes, please provide the following details: _____
Clinic Name: _____ City: _____ Province: _____

PART 3 – ESTIMATED VETERINARY FEES (YOU MAY ATTACH A PRINTED ESTIMATE)

Consultations/Office visit:	\$	Hospitalization:	\$
X-Rays:	\$	Diagnostic testing:	\$
Surgery:	\$	Anesthesia:	\$
Other (please specify):	\$	Medications:	\$
If other, please provide details:		Estimated total:	\$

PART 4 – DECLARATION BY THE TREATING VETERINARIAN

I have checked the information on this form and declare that it is all correct to the best of my knowledge and belief. The fees estimated here are no higher than my normal fees.

Stamp of veterinary facility:

Signature: _____
Print name: _____
Date: _____

Fax all forms to: 866.936.4122

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No cover sheet necessary

We will try to process your pre-authorisation as quickly as we can, but pre-authorisations that are incomplete or that are missing invoices or documentation can severely delay processing. **Please note** it is your responsibility to provide us with medical records upon request in order to fully process your claim.

HOW DO I PRE-AUTHORISE A CLAIM?



We understand that making a claim can be scary sometimes. With so much going on, you want to be sure your canine compadre or feline friend is going to be covered so that you can focus on helping them feel better. For this reason Petplan offers a claim pre-authorisation process that allows you to gather all of the information prior to your pet undergoing diagnostics or treatment. This way you know exactly how much will be covered and can plan accordingly.

In order to pre-authorise your claim, we'll need you to complete the **Have you...?** checklist below.

- ☐ **Have you** checked your policy, personal and pet details in Section 1 of the form? *Please make sure you have supplied a valid email address; this is the best way for us to keep you and your veterinary facility up-to-date on the status of your pre-authorisation.*
- ☐ **Have you** had your veterinary clinic(s) completely fill out Section 2 and attach any relevant documents (e.g. printed estimates)?
- ☐ **Have you** given a Medical Record Release Form to all veterinary facilities that have seen your pet in the past two years (this should include emergency and specialist facilities)? **Please note** that we are unable to provide pre-authorisation without at least the past two years of medical records. When requesting records from your veterinary offices, please stress that they **MUST** include notes from doctor's exams. **A medical summary is NOT acceptable.** If you have not already done so, please download a Medical Record Release Form from gopetplan.ca/account and give a copy to all veterinary facilities that have treated your pet in the past two years.
- ☐ **Have you** read and fully understood the declarations in Section 1, Part 3?
- ☐ **Have you** signed and dated Section 1, Part 3?
- ☐ **Have you** read and fully understood the declarations in Part 4?
- ☐ **Has the treating veterinarian** signed and dated Section 2, Part 4?
- ☐ **Have you** made a copy of all the documents for your own records?

If your answer to all of the questions above is "yes" then you can go ahead and submit your pre-authorisation by faxing it to 866.936.4122.

THREE WAYS TO FILE YOUR PRE-AUTHORISATION FORM:



Fax forms to: 866.936.4122

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No cover sheet necessary



EMAIL
claims@gopetplan.com



MAIL
Claims Department
Petplan Insurance
1600-130 Adelaide Street West
Toronto, ON, Canada M5H 3P5

Pre-authorisation is completed within three business days from when we receive ALL relevant information including the past two years medical records for your pet. If your pre-authorisation is approved, you will be provided with details of your expected reimbursement based on the information submitted in this form. Eligible claims will be reimbursed minus the applicable coinsurance and your chosen deductible as per your **Declarations Page** and the policy **Terms and Conditions**.