

Petplan Pre-Authorization Request

Step-by-step Instructions (page 1 of 2)

Pre-authorization is not needed for your pet to be treated. However, we do offer claims pre-authorization as a service for those seeking increased financial peace of mind prior to expensive veterinary procedures.

SECTION 1 (page 1)

1 When you download a pre-authorization form from your policyholder account, the information in "Part 1 – About You" is pre-filled for your convenience and to assist with processing. **Please ensure your details are correct.**

2 Your pet's name, breed and date of birth will also be pre-filled. You will be responsible for completing the questions about your pet's veterinary details.

3 You must authorize Petplan to obtain information from your vet(s) and verify that all information is correct before we can process your pre-authorization request.

● **Don't forget!** Bring Section 2 (page 2 of this form) to the veterinarian to complete and sign.

FORM FOR PRE-AUTHORIZATION OF A CLAIM **Petplan**[®]

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

IMPORTANT NOTES

For directions on how to complete this form, refer to the **How Do I Pre-Authorize A Claim?** sheet (page 3 of this document). Please contact us with any questions.

Section 1 is to be completed by **you**.

Section 2 is to be completed by the **veterinary clinic** that is proposing your pet's treatment.

SECTION 1 – YOU AND YOUR PET (TO BE COMPLETED BY YOU)

1 PART 1 – ABOUT YOU

Policy number:

A B C 1 2 3 4 5 6 7 – 0 1

Policyholder name: **Jane Doe**

Address: **123 Main St.**

Phone number: **123-456-7890**

City: **Anytown**

Email: **janedoe@company.com**

State: **Anywhere**

ZIP: **12345**

(in order to be updated on the status of this pre-authorization, you must provide a valid email address)

2 PART 2 – ABOUT YOUR PET (ONLY ONE PET PER FORM)

Pet's name: **Eddie**

Breed: **Mixed Breed Small (up to 22lb)** Color: **Tan**

Type of pet: Dog Cat Male Female

Pet's date of birth: **05/01/2003**

Name of regular veterinary clinic: **ABC VET HOSPITAL**

City: **PHILADELPHIA**

State: **PA**

Phone: **555-555-5555**

Name of treating veterinary facility (if different): **ANIMAL MEDICAL REFERRAL HOSPITAL**

City: **PHILADELPHIA**

State: **PA**

Phone: **555-555-1234**

Please note that we are unable to provide pre-authorization without at least the past two years of medical records from all facilities that have seen your pet (including emergency and specialist facilities). When requesting records from your veterinarians, 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.com/account and give a copy to all veterinary facilities that have treated your pet in the past two years.

3 PART 3 – DECLARATION BY POLICYHOLDER

I have checked the information on this claim form and confirm that it is correct to the best of my knowledge and ability. I authorize Petplan to obtain information from any veterinarian or veterinary facility concerning the pet named in this form.

Policyholder's signature

Jane Doe

Date

08/08/13

ANTI-FRAUD WARNING - ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

THREE WAYS TO FILE YOUR PRE-AUTHORIZATION FORM:



EMAIL
claims@gopetplan.com



MAIL
Claims Department
Petplan Insurance
3805 West Chester Pike, Suite 240
Newtown Square, PA 19073



FAX
866.599.4654
(no cover sheet necessary)



8 4 5 4 2 1 0 6 1 7 2 1 3

We will try to process your pre-authorization as quickly as we can, but pre-authorizations 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.

Administered by: Fetch Insurance Services, LLC, 3805 West Chester Pike, Suite 240, Newtown Square, PA 19073 • Tel: 1.866.467.3875
PACF-1 05/16 Policies underwritten by: XL Specialty Insurance Company

Petplan Pre-Authorization Request

Step-by-step Instructions (page 2 of 2)

SECTION 2 (page 2)

- 4 If the veterinarian who is proposing your pet's treatment would like to be updated on the status of this pre-authorization, please include a valid email address.
- 5 Ask the veterinarian who is proposing your pet's treatment to include details of their practice facility and your pet's illness or injury in the "case history" section of this form. **This section must be fully completed with no empty fields.**
- 6 Please ask your vet to give his or her best estimate for the costs of your pet's treatment. If the claimed amount is greater than what is estimated here, the overage will be subject to approval. Please also submit an itemized estimate from the vet hospital.
- 7 The vet proposing your pet's treatment must sign this form before we can process your claims pre-authorization request. **Please ensure this form is signed by the treating veterinarian!**
- 8 For fastest processing, **please fax both pages of this form to 1-866-599-4654.** A cover sheet is not necessary.

FORM FOR PRE-AUTHORIZATION OF A CLAIM Petplan[®]

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

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

4 PART 1 – TREATING VETERINARIAN

Veterinarian name: DR. SMITH Clinic name: ANIMAL MEDICAL REFERRAL State: PA
 Phone: 555-555-1234 Clinic/veterinarian email: ANIMALMEDREF@GMAIL.COM
(in order to be updated on the status of this pre-authorization, you must provide a valid email address)

5 PART 2 – CASE HISTORY

Is this claim for an injury or illness? Onset date of clinical signs of this illness/injury: AUGUST 7, 2013
 Name of injury/illness (if no diagnosis has been noted, please give clinical signs): FRACTURED RADIUS – RIGHT

To your knowledge, has this pet been seen before for this injury or illness? a similar or related illness or injury?
NO 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?

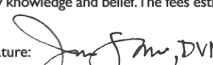

If your facility is not one of those listed above, is any veterinarian providing treatment certified or boarded in any area? yes no
 If yes, please provide details:
 Was this pet referred to you? yes no If yes, please provide the following details:
 Clinic name: ABC VET HOSPITAL City: PHILADELPHIA State: PA

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

Consultations/Office visit:	\$ <u>95.-</u>	Hospitalization:	\$ <u>40.-</u>
X-Rays:	\$ <u>250.-</u>	Diagnostic testing:	\$
Surgery:	\$ <u>2,000.-</u>	Anesthesia:	\$ <u>300.-</u>
Other (please specify):	\$	Medications:	\$ <u>50.-</u>
If other, please provide details:		Estimated total:	\$ <u>2,500 - 3,500</u>

7 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.

Signature: , DVM Stamp of veterinary facility:
 Print name: DR. J. SMITH, DVM  Animal Medical Referral
 Date: 08/08/2013 1234 Main Street
 Philadelphia, PA 19113

8 Fax all forms to: 866.599.4654
 No cover sheet necessary

Administered by: Fetch Insurance Services, LLC, 3805 West Chester Pike, Suite 240, Newtown Square, PA 19073 • Tel: 1.866.467.3875
 PPAFC-2 05/16 Policies underwritten by: XL Specialty Insurance Company