

Direct claims – Information for Owners

What is a direct claim?

A direct claim is where the invoice goes directly to the insurance company rather than to you. This may be useful for larger bills or ongoing medical complaints.

When does a direct claim need to be authorised?

A direct claim takes time to authorise and as such must be requested before a procedure takes place. Although we do our very best we cannot always permit a direct claim for every patient for every condition.

What information does Tameside Vets need to authorise a Direct Claim?

- The insurance company
- policy number
- policy excess (usually roughly £100)
- inception date (date the policy was taken out)
- maximum insurable amount per condition (varies between £500-£12,000)
- any co-payments (often applicable to older patients, usually 20%)
- any exclusions (anything the policy no longer covers, these are common in older patients with pre-existing conditions and a time limited policy)

You may need to speak to your insurance company to give permission for them to speak with us so that they may release this information.

Does this mean there will be nothing to pay when I collect my pet?

There will be a direct claim agreement fee of £30 and a form you to sign to consent to the direct claim.

There will also be an excess to pay, which varies between policies, and occurs every 12 months for ongoing conditions.

There may also be a co-payment.

What is a direct claim agreement form?

This is a form consenting to a direct claim. It confirms that if the insurance company rejects any part of the claim for any reason liability for payment is with yourself. Insurance companies sometimes surprise everyone and refuse to pay for certain parts of the claim.

Common reasons why we cannot authorise a direct claim:

1. Change in policy

If you have changed policies, even with the same company, then any condition mentioned in the pet's clinical notes prior to this new policy will be classified as a pre-existing condition and will not be covered. This can be as simple as a brief mention of lameness during a routine booster, meaning that cruciate surgery is not covered five years later.

2. Time limited policies

These cheaper policies, sometimes called 12 month, basic or limited policies will only cover a condition for a set amount of time, therefore when a new policy year rolls on, anything on the pet's clinical notes will not be covered.

If you have never made a claim, the insurance company will only pick up these pre-existing conditions and exclude them once the claim goes through. Therefore, in order to authorise a direct claim for a time limited policy we must read through the entire clinical history, including from any previous vets, to check the condition is not likely to be excluded.

3. Your pet has a previous medical history at a different practice(s)

All histories from all previous vets need to be on file before direct claim can be agreed.

4. The policy isn't robust

Some policies are better than others. It is then a bit of a shock to find out that the policy you have been paying for has a £99 excess, only £500 to claim per condition and a 20% copayment on top of that.

There are also 'accident only' policies.

5. Maximum amounts

Some insurance companies have started putting a cap on certain things. Some basic policies do not cover pre anesthetic bloods for example. It is impossible for us to know the exact wording of all our client's policies. Please check your policy thoroughly as there may be unexpected items not covered.

What if my pet's history is complicated and I want to be sure the insurance company will pay up?

Some companies will do Pre-authorisation form, where an estimate is submitted, and the insurance company checks whether they will accept liability. Depending on the company these can take days or even weeks to approve. Some of the newer ones do not offer this service at all.