



Direct Claims Procedure – Information for Owners

What is a direct claim?

A direct claim is one in which we agree to claim the fees associated with your pet's treatment directly from your insurance company, rather than you paying us and then asking your insurance company to reimburse you.

We understand that direct claims are often the preferred option and we want to support in these claims wherever possible. We want to minimise the number of unsuccessful direct claims, as these leave you liable to pay the outstanding fees and therefore before going ahead with a direct claim, we must be confident that your policy will cover the condition.

There are many different insurance companies and many different types of policies on offer which result in different levels of cover and types of claim processes across these companies.. To help us review a direct claim request that is aligned with your specific pet insurance policy, we have a direct claim agreement process in place. This process checks all of your pet insurance policy details together with your pet's full clinical history, including details of any treatments carried out elsewhere.

Details we need to process a direct claim request include:

- Your pet insurance company
- Policy number
- Policy excess
- Inception date (date the policy was taken out)
- The annual vet fee limit on your policy
- The type of policy you hold e.g. time-limited, lifetime.
- Any co-payments you will be required to cover in addition to your excess.
- Any exclusions on the policy – these can be conditions that had been diagnosed prior to the policy inception, conditions no longer covered on time-limited policies and treatments, food or complementary therapies that are not covered on your policy.
- Any limits on specific treatments or surgeries. Most insurance companies require the policyholder to contact them first to give permission for the practice to speak with them directly about your claim. Details of how to contact your insurance company, and their customer service opening times can be found within your policy documents or on their website.

What happens next?

If you have requested a direct claim for treatment for your pet, you should receive a phone call from our reception team within 48 hours informing you of the outcome of your request.. Please be aware that the process can take longer if we do not have all of the required information or are unable to get in touch with your insurance company.

In the case of emergencies, we will do our best to fast track your request. However, due to the information required and the need to contact your insurer, we cannot provide immediate approval.

If approved, a £30 administration fee applies to all direct claims and we will require you to sign a direct claim consent form. We will update you with all other costs you will be required to cover such as your excess, any co-payments, treatment beyond any fee caps.

Each approved direct claim is valid for 12months specific to the condition it relates to. As insurance policies break claims and the associated cover down by condition, if your pet develops a new condition that requires treatment, you will need to place a further direct claim request for that condition. If you are unsure whether an existing direct claim approval applies to the treatment your pet is undergoing, please speak with a member of our team.

Why may a direct claim request be declined?

If a direct claim request is declined, our team will let you know the specific reason and help you plan your pet's treatment as needed. Some of the common reasons direct claim requests may be declined are detailed below:

· Change in policy: If you change your insurance policy or provider, then any condition mentioned in your pet's clinical notes prior to this new policy may be classified as a pre-existing condition and will not be covered..

- Time limited policies: These policies only cover a condition for a set amount of time, therefore when the time-limit expires, the cover for the associated conditions also expires.
- Your pet has a previous medical history at a different practice(s): If your pet has received treatment for a similar condition at any other practice or charity prior to the policy inception, their condition may not be covered. We require all histories from previous vets and rescue charities to be on your pet's file before we can review a direct claim request.
- The proposed treatment exceeds your level of cover: Not all insurance policies are equal. If the estimated costs for your pet's treatment exceeds what you are able to claim for, we may need to discuss this further with you. In these cases, we may be able to claim the eligible fees directly but you will be required to pay the fees that are not covered by your policy.
- Accident only policies: These will only cover traumatic causes of ill health.
- Exclusions: Most insurance policies will not cover preventative health care such as neutering and conditions which can be vaccinated against.

Direct claims for dentals:

In our experience, the cover for dental conditions is widely variable across the different insurers and policies. Policies that do cover dental conditions often have specific requirements relating to the timing of treatment and the specific conditions being managed.

Due to the variable nature of dental condition cover, we will request that your insurance company reviews a pre-authorisation for dental treatment before deciding upon a direct claim. This involves us sending your insurance company detail of the estimate for the dental treatment and your pet's

clinical history and your insurer will then review this and give us a better understanding of whether they will cover the proposed treatment.

Once we have the outcome of this pre-authorisation, we will let you know whether your direct claim request for dental treatment has been approved.