

# Preapproval Request Form

Preapprovals are ideal in situations when the eligibility of an injury or illness impacts treatment decisions.

- We require all pertinent medical information from all hospitals the pet has visited to process preapprovals.
- Cost estimates are not required for preapprovals – we'll let you know whether the condition is eligible for coverage.
- Please do not submit a preapproval if the pet owner plans to treat the condition regardless of eligibility.
- Submission of this preapproval request does not guarantee claim eligibility.

Name on policy: \_\_\_\_\_ Pet name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Reason for Treatment

Hospital name: \_\_\_\_\_

Treating veterinarian: \_\_\_\_\_

Injury/illness: \_\_\_\_\_

Date of first signs: \_\_\_\_\_

Is treatment scheduled?  No  Yes Date: \_\_\_\_\_

## Pet's Info

**Please fill out to the best of your knowledge.** The more information you provide, the faster we can process the preapproval.

Date of birth: \_\_\_\_\_ Date of adoption: \_\_\_\_\_ Spay/neuter:  No  Yes Date: \_\_\_\_\_

Is/was the pet insured under any other insurance provider?  No  Yes

If yes, provider name: \_\_\_\_\_ Cancel date: \_\_\_\_\_ or  Policy still active

Please list all of the known hospitals the pet has visited:

Name: \_\_\_\_\_

City: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

*Submission of this form authorizes all veterinarians that the pet has received treatment from to provide us with a copy of the pet's medical records and confirms all information provided is true and accurate to the best of your knowledge and belief.*

**Submit this form and itemized estimate (if necessary) by email or fax:**

Email: [claims@phidirect.com](mailto:claims@phidirect.com)

Fax: 1-866-428-6063

**IMPORTANT:** You still need to submit a claim form and final invoice to receive payment for preapproved claims

**Please note:** In order to process your preapproval request, we will need the medical records from all clinics your pet has visited, including emergency and specialty clinics. If they have not already done so, please have your clinic(s) send us a copy of your pet's complete medical records by email or fax.

The information collected on this form about you and your pet and otherwise in respect of this claim is required by PHI Direct for insurance purposes, including to evaluate and, if approved, process payment of your claim. By providing us with your email address, you specifically provide us with consent to communicate with you by email for pet insurance purposes.

By submitting this claim, you declare that all details provided in this claim submission are true and accurate. You further authorize your attending veterinarian, upon request to release your pet's medical records to PHI Direct pet insurance representatives. PHI Direct Pet Insurance policies are sold and distributed by Canada Pet Health Insurance Services, Inc., dba PHI Direct.

For your protection, insurance laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.