

TERMS AND CONDITIONS FOR DIRECT CLAIMS

Dermatology Referral Service Ltd are happy to deal directly with your insurance company to receive payment for claims £50.00 and over.

ADMINISTRATION FEE

Claims being made directly to us, are subject to an annual £45.00 charge to cover the administration costs of dealing with your claim. If you do not want to pay the insurance administration fee, unfortunately, we will not be in a position to process your insurance claim form and you will be required to settle the bill for your treatment in full by another means (Cash or card payment).

AUTHORISATION TO DISCUSS YOUR POLICY

Under Financial Services Authority (FSA) rules, we are usually unable to discuss claims with insurers without the policy holder's authorisation. Therefore, we ask that you call your insurers, add veterinary authorisation onto your policy for Dermatology Referrals Service and then call or email us to advise that you have added the authorisation. We will not move forward with the arrangement until we have received confirmation.

UNDERSTANDING YOUR COVER

Insurance companies offer different levels of cover, and we strongly recommend you check your policy details for level of cover, and items which are excluded. Prior to committing to treatment, we suggest you establish and confirm:

- That the condition being treated is covered by your insurance policy, and that in the event of an on- going claim,
you check that there are no exclusions in place, or limits to what you can claim
- Your limit for claims per year on your policy
- How much you have already claimed (either at our practice, or in the case of referrals your local practice)

Please note that we do not track your policy, and it is your responsibility to ensure that your limits are not exceeded, or if they are you can personally cover the costs of any outstanding amounts.

STANDARD EXEMPTIONS

Items that are not covered will vary between insurance companies. However, the following are usually not covered:

Food, Cremation, vaccinations, flea and worming treatment, dental procedures, and some complimentary therapies like Physio, Hydrotherapy and Behavioural consultants.

Some policies may also decline to cover out of hours consultations and house visits – unless life threatening.

These items will be required to be settled in full at time of purchase.

PAYMENT OF INSURANCE EXCESS

The majority of insurance companies charge an excess per condition. This amount must be paid at the start of each treatment, and is due each year for the condition. They can be a fixed amount, percentage of claim or combination of both.

If you are unsure you should speak to your insurance company to clarify.

PRE - AUTHORISATION

If there is time, we recommend a pre-authorisation form is completed, so that they can confirm before treatment commences whether the condition is covered. Please note that not all insurance companies will provide this.

ESTIMATES

We are happy to provide an estimate of the potential cost of treatment. You should note that this will not be an exact quotation – part of the treatment program involves investigation to establish the exact nature of the condition. We will commit to keeping you regularly informed of on-going costs.

TIMESCALES

You will need to submit your claim form or insurance link within 3 working days of receiving your treatment. If you fail to do this, we will reverse your direct claim status, and you will become personally liable for the treatment. We can support your processing of an indirect claim to your insurance company.

PAYMENT OF OUTSTANDING BALANCES

Payment of outstanding balances, either due to standard exemptions, or in the event of non-coverage from the insurance company (for example where limits have been breached) will be your personal liability to settle.

We require immediate payment for these items.