

## Terms & Conditions of Direct Insurance Claims

PLEASE BE ADVISED THAT REGARDLESS OF CLAIM TYPE IF YOUR INSURANCE COMPANY DOES NOT SETTLE THE CLAIM YOU WILL BE RESPONSIBLE TO SETTLE THE BILL FOR YOUR PET.

### Direct Claims

The following information and documents **MUST be submitted at least 2 working days (weekends excluded) prior to the treatment being undertaken.** (The only exception will be emergency cases)

- Completed 'Direct payment of insurance claims to Lamond Veterinary Clinic' form
- Full insurance policy document
- Proof of ID and address (if you have been a client for less than 6 months)

A direct claim cannot be considered approved until you receive **confirmation** of approval from us.

**PLEASE NOTE:** Failure to submit the information requested or missing information will result in automatic refusal of direct claim.

### Valid Insurance Companies

Lamond Veterinary Clinic are happy to deal directly with your insurance company to receive payment for claims of **£500** or over. However, we wish to advise you that we do not deal with direct claims from certain insurance companies or procedures. In these cases, we will be happy to assist you with submission of claim forms on your behalf, but payment must be made directly to us by yourself on the day of treatment.

### Administration Fee

Claims being made directly to us, are subject to a **£35.00** charge to cover the administration costs of dealing with your claim.

### Authorization to discuss your policy

We are able to discuss insurance plans with Petplan and RSA brokered plans, under individual arrangements made with them. Under Financial Services Authority (FSA) rules, we are usually unable to discuss claims with other insurers.

### 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, some complimentary therapies like Physio, Hydrotherapy and Behavioral consultants.

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

### Payment of Insurance Excess

The majority of insurance companies charge an excess **per condition per year**. 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-Authorization**

If there is time, we recommend a pre-authorization form is completed, so that the insurance company can confirm before treatment commences whether the condition is covered. Please note that not all insurance companies will provide this. Please note that getting pre-authorization from your insurance does not mean that we will accept a direct claim.

**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.

**I have read and understood the terms and conditions from this agreement**

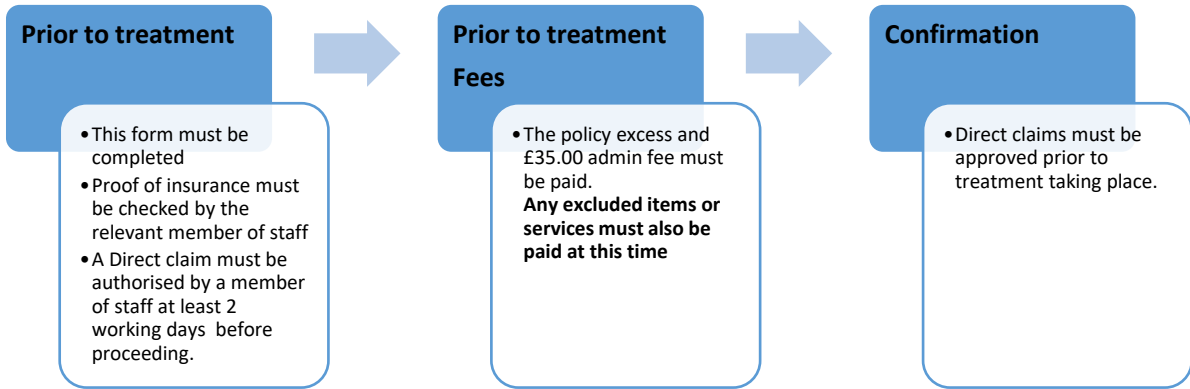
**Full name**.....

**Date** .....

**Signature:**

.....

## Direct Payment of Insurance Claims to Lamond Veterinary Clinic



### 1. Client Details

Client Surname..... Client Title.....

Client First Name.....

Home Address, including postcode.....  
.....  
.....

Home Telephone Number..... Mobile Number.....

Pet name..... Pet Breed.....

Sex..... Date of Birth.....

### 2. Insurance Details

Insurance Company Name.....

Policy Holder Name .....

Policy Number.....

Start Date of Policy..... Expiry Date of Policy.....

Excess Amount.....

Annual Limit..... Total Claimed this yr. so far.....

Insurance Certificate (copy) given to practice:

**Client Authorisation**

I hereby authorise my insurance company to pay fees relating to the above named animal to Lamond Veterinary Clinic upon receipt of my completed forms.

I confirm I am authorising Lamond Veterinary Clinic to discuss my policy directly with the insurance company, and negotiate in respect of any matters relating to the policy, including on clinical and financial matters.

**Print**

**Name**.....

**Signature**.....

...

**Date**.....

**. Client Declaration:**

I confirm that I have read and understood the Terms & Conditions document.

I understand that I am liable for all fees relating to treatment, and that if for any reason, my insurance company refuses to cover any of these costs, or have not settled the claim within 6 weeks of the claim form's submission, that I will be **personally liable for payment**. I will arrange payment of any such outstanding amounts within 7 days.

**I understand that in the event of a claim being refused by my insurance company, my insurance company will contact me. It is my responsibility to contact Lamond Veterinary Clinic immediately upon receipt of this information, to confirm the outstanding balance and settle the account in full.**

I understand that if I do not settle my outstanding balance this debt may be transferred to debt collection agencies.

**Print**

**Name**.....

**Signature**.....

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**Date**.....

..

**Form Completed By:**

**Print**

**Name.....Date.....**

**STAFF USE ONLY:**

**Proof of Insurance Received (tick box & take copy for file):**

**Insurance**

**Certificate**

**Direct Claim Approved by: (Lamond use only)**

**Print**

**Name.....**

**Signature.....Date.....**

**Consent for insurance claim generated and signed? Y/N**

**Excess paid? Y/N**

**Admin Fee charged? Y/N**

**Co payment %?**