

# Coverage Pre-Authorization Form

## Important notes

- This form is for the procedure(s) listed below.
- To make a claim this form must be submitted along with a completed Claim Form and receipts for Veterinary Fees.
- As per the insuring agreement, premium payments must be up-to-date at time of claim or we will not adjust or pay your claim.
- Issuance or completion of this form does not acknowledge liability or guarantee payment of claim on behalf of SecuriCan General Insurance Company.

## Mail completed Claim Form to:

SecuriCan General Insurance Company  
Attn: Claims Dept.  
200 - 1200 Portage Avenue  
Winnipeg, MB R3G 0T5



**Questions? Contact us at:**  
1-877-723-7387 or talktous@pcpetinsurance.ca

## 1 About the illness or injury (to be completed by your veterinarian):

Please provide details of the pet's present condition(s) including the first date of clinical signs and diagnosis or tentative diagnosis (please be as specific as possible and attach any estimates if applicable):

Policyholder:	Pet name:	Date of first clinical signs:    mm    dd    yyyy

## 2 Declaration of the veterinary practice (to be completed by your veterinarian)

I confirm to the best of my knowledge the above statements are true in every respect.

Name of attending veterinarian (please print): \_\_\_\_\_

Signature of attending veterinarian:  mm    dd    yyyy

Practice stamp or print practice name

The deliberate misrepresentation of the pet's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy.

## Internal use only

<p><b>Coverage Confirmed:</b> <input style="width: 200px; height: 20px;" type="text"/></p> <p>Policy inception date: <input style="width: 20px;" type="text"/> mm    <input style="width: 20px;" type="text"/> dd    <input style="width: 20px;" type="text"/> yyyy</p> <p>Policy anniversary date: <input style="width: 20px;" type="text"/> mm    <input style="width: 20px;" type="text"/> dd    <input style="width: 20px;" type="text"/> yyyy</p> <p>Limit of coverage: _____</p> <p>Limit remaining: _____</p>	<p><b>Coverage Denied:</b> <input style="width: 200px; height: 20px;" type="text"/></p> <p>Policy expiry date: <input style="width: 20px;" type="text"/> mm    <input style="width: 20px;" type="text"/> dd    <input style="width: 20px;" type="text"/> yyyy</p> <p>Deductible: _____</p> <p>Co-insurance: _____ % (client pays)</p> <p>Exclusions: _____</p>
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Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of SecuriCan General Insurance Company Representative (please print): \_\_\_\_\_

Signature of SecuriCan General Insurance Company Employee:  mm    dd    yyyy    Time:  AM / PM

Completed copies to:    Client     Practice     SecuriCan

Client number:

Plan:

Date received: