



# Pay Practice Direct Form

## Member Information

Member Name: \_\_\_\_\_ Your Pet's Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Your Email Address: \_\_\_\_\_  
 Preferred Telephone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Mobile  Home  Work  
 MM / DD / YY

## To be Completed by Veterinary Practice

I, \_\_\_\_\_ (Practice Representative) request that any reimbursement for eligible treatments, taking place on \_\_\_\_\_ (treatment date) be made payable to \_\_\_\_\_ (Practice name).  
 MM / DD / YY

I, as the Practice Representative, understand that all reimbursement requirements will be paid subject to, policy provisions, deductibles, co-insurance, and within policy limits. Any amounts in excess of the member's coverage should be collected from the member directly.

I also understand that once the reimbursement request has been processed, the reimbursement amount will be made payable via cheque and mailed to the address on file.

Practice Representative's Signature: \_\_\_\_\_  
 \_\_\_\_\_  
 MM / DD / YY

**PRACTICE STAMP:**  
 (Please include Practice address and phone number)

## To be Completed by Member

I, \_\_\_\_\_ would like to request that any reimbursement for treatments taking place on \_\_\_\_\_ (treatment date) be made payable to \_\_\_\_\_ (Practice name).  
 MM / DD / YY

Member's Signature: \_\_\_\_\_  
 \_\_\_\_\_  
 MM / DD / YY

Any person who knowingly presents false, incomplete or misleading facts or information in an application for insurance or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, directly or through a third party, (or conceals information relating thereto) is guilty of a crime and may be subject to restitution, fines, denial of benefits, voiding of policies, civil and/or criminal penalties, including jail, or any combination thereof.



As a Furkin member, you can request to have us pay your claim reimbursement amount directly to your veterinary practice. This is occasionally used in cases of high value claims, procedures, or treatments so you don't have to pay the full cost up front.

*It is important to discuss your coverage with your veterinarian or hospital administration team as their participation in having us pay them directly is at their discretion.*

## 1 Submit Veterinary Estimate for Pre-Approval

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- Review the cost estimate for your pet's treatment supplied by your veterinary practice.
- The veterinary practice **MUST** submit the estimate for pre-approval. Call our Care Team at 1-888-453-1088 for information on how to submit an estimate for review. Please be prepared to provide your pet's policy number when you connect with our Care Team.
- We will review the estimate and confirm in writing your pet's eligibility for coverage. You will receive a breakdown of what is covered and what is not, the reimbursement amount, the co-insurance amount (the part of the costs you are responsible to pay) and the applicable deductible amount.

## 2 Complete Treatment

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- With the treatment details, estimate, and description of what is and what is not covered, you and your veterinarian can proceed with providing your pet with the pre-approved treatment, knowing that we will pay our portion directly to the veterinary clinic.

## 3 Submit Claim and Pay Practice Direct Request Forms

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- Download and follow the instructions on the Furkin *Claim Form* (download from [www.furkin.com/forms](http://www.furkin.com/forms)). Keep copies of your receipts and pre-approved estimate before submitting your claim.
- Include a copy of this *Pay Practice Direct Request Form* completed by you and your veterinary practice.
- Your veterinary practice may opt to submit the claim forms and documentation on your behalf.

## 4 Reimbursement & Co-Insurance Payment

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- The claim will be processed, and a *Claim Statement* will be sent to you and your veterinary practice. The applicable reimbursement amount will then be issued directly to the veterinary practice.
- All non-eligible treatments and services, co-insurance fees, and deductibles will need to be paid by you, the Furkin member, to the veterinary practice.

### Have questions or need more support?

Call us: 1-888-453-1088 • Email us: [care@furkin.com](mailto:care@furkin.com)

To learn more about what pet health expenses are eligible or ineligible for coverage, please refer to your Policy document.

