

How to request a GapOnly™ pre-approval

On-the-spot pre-approval via the Vet Helpline is only available to your clients who are insured with a GapOnly™ eligible pet insurance brand. You can get a pre-approval for your client either as the referring vet or as the treating vet.

STEP 1. Request a patient vet history check

Having made the consultation appointment with your client, call one of our vets to check if we have the patient's full vet history on record.

We will let you know if you need to email further vet notes to vethelpline@petsure.com.au, or if we need to contact other vets for the missing information.

Where we do not have the full/required vet history at the time of receiving your pre-approval request, we may not be able to process your request on-the-spot.

STEP 2. Request the pre-approval

During the consultation appointment, and once the diagnosed condition and proposed treatment has been explained to your client, call us to request the pre-approval.

If you request confirmation of the coverable estimated benefit amount, you will be asked to email the itemised estimate to vethelpline@petsure.com.au

STEP 3. Receiving verbal outcome confirmation

We will confirm your client's policy coverage on-the-spot, subject to having the full/required vet history, as either declined, approved, or coverable up to benefit limits.

If you request confirmation of the coverable estimated benefit amount, you will receive a call-back / email from one of our vets within 20 minutes of us receiving your itemised estimate, and be advised of the estimated benefit amount, and applicable benefit percentage.

Your client will receive written confirmation of the pre-approval outcome from their pet insurance provider, with their Certificate of Insurance (COI) attached.

For your clients insured with a non-eligible GapOnly™ pet insurance brand, the standard pre-approvals process is available by contacting their insurance provider directly.

Simply call 1300 838 457

8:00am – 8:00pm Monday – Friday

8:00am – 5:00pm Saturday

AEST, and excluding NSW Public Holidays

Please ensure you have the following patient information at hand so we can complete the ID check:

- Pet insurance brand
- Policy number
- Pet's name
- Client's name
- Client address or phone number

Once the patient ID check has been completed, you will be asked to confirm the following:

- The diagnosed condition and prescribed treatment. If a definitive diagnosis cannot be obtained, differentials will be determined
- The appropriate clinic email and telephone number
- The known or likely cause (depending on condition)
- Your preferred method receiving the outcome confirmation (if your requesting a coverable estimate)

You will be advised on the following outcome information:

- The applicable Excess (if relevant)
- That the decision has been made on the information provided and the current status of your client's policy
- Certain treatment items may not be coverable (if an itemised estimate was not provided)
- The policy's annual benefit limits and sub-limits that apply for the condition and treatment

Giving your clients certainty as to whether your prescribed treatment for the patient's diagnosed condition is covered by their insurance policy.