

## Financial Policy

### **ALL SERVICES MUST BE PAID AT THE TIME OF SERVICES RENDERED.**

We accept cash, personal checks, Visa, Master Card, and Discover credit cards. All fees must be paid in full at the time of pet dismissal, unless other arrangements have been pre-approved (See payment plan options below).

All hospitalized cases require a deposit at the time of admission to help cover initial expenses. This deposit is not an estimate of total fees. It is a payment on account that will go towards covering the total costs of treatment. Deposits can vary, but usually range from \$200 - \$300.

Lake Chatuge Animal Hospital, P.C. makes every effort to make all pet health care affordable. Towards this end, we have developed additional methods of payment to help our clients. Below are all the other additional methods of payment that are approved or recommended.

1. **Care Credit:** This is a system using a reputable third-party lender that can provide immediate credit approval and payment for all, or part, of any medical invoice. The lender pays the invoice, and allows several repayment options including a “zero interest” option if paid within six months if approved. We purchased this software as a convenience to our clients to help them afford those unexpected major medical or emergency health problems.
2. **Affordable Pet Care:** This is a membership medical plan for pets that is popular because one plan covers all of your pets. One plan, one price covers all pets in the household.
3. **Pet Health Insurance:** We recommend pet insurance. With this insurance, you are reimbursed for your veterinary expenses as it pertains to almost all their encountered health problems, minus your pre-selected deductible and co-pay.
4. **Easy Pay:** This is a legally recognized Promissory Note that allows for a portion of the total invoice to be paid over a sixty day period. At least half of the total invoice must be paid at the time of services rendered in order to qualify for this option, and the payments are secured. This is for emergency services only and **MUST** be pre-approved.

**INTEREST OF 1 ½ % / MONTH (18% / APR) WILL BE CHARGED TO ALL OUTSTANDING ACCOUNTS OVER 30 DAYS PAST DUE. ANY RETURNED CHECKS WILL BE ASSESSED \$30.00 RETURNED CHECK FEE.**

*I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed on the Information Sheet and any additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise completed. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and will contact the proper authorities.*

**I have read and agree to the terms of this financial policy.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_