

Financial Policy of Lake Chatuge Animal Hospital

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 than 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. True-Pet Wellness Plans: This is a discounted comprehensive preventive wellness program that is paid by check or credit card with equal monthly installments and includes all the preventive health needs that are considered "standard of care" and allows for 10% discounts on all other services and products, with the exception of pet foods.
3. Affordable Pet Care: This is a membership medical plan for pets that is better than insurance because one plan covers all of your pets. One plan, one price covers all pets in the household.
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 ½ 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.

All returned checks will be assessed \$30 returned check fee to cover bank charges and clerical expenses.

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:** _____