

Financial Policy

Thank you for choosing our practice! We are committed to providing the best veterinary treatment and care. In order to continue to do so, we would like to explain to you our financial policy.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please feel free to ask one of our receptionists.

What is My Financial Responsibility for Services?

Payment in full is expected when services are rendered.

How May I Pay?

We accept cash, check, VISA, MasterCard, Discover, and CareCredit.

Do You Offer a Payment Plan?

We understand that our services may be needed unexpectedly. Therefore we offer a payment plan called CareCredit that allows you to start treatment today and spread payments over time.

Application is required for CareCredit and may not be extended if credit history is not acceptable to the CareCredit service. There is no fee to apply. The application may be filled out at our office, and our receptionist will submit the request for an immediate response. Alternatively, you may submit the application online yourself before services are rendered at *CareCredit.com*. A specific credit limit will be extended. No interest options are available.

Do You Require a Deposit?

A deposit may be required prior to rendering services in certain situations. You may be asked to leave up to 50% of estimated costs as a deposit depending on a variety of factors including procedures to be performed, hospitalization required, etc...

What If I Bounce a Check?

A fee of \$20.00 will be charged for each check bounced. If you bounce checks repeatedly and/or refuse to pay the bounced check fee, Seven Hills Animal Hospital reserves the right to require cash payment in advance prior to any further services being rendered.

Do You Hold Checks?

Held checks are **not** accepted. However, certain **very limited** exceptions apply. This form of extended payment may only be used for medical or surgical services for non-elective (emergency) procedures if total charges exceed \$100.00 and the client has an acceptable long-term payment history with us. Prior approval must be obtained from the practice manager or doctor. Checks must be fully completed with amount and signature and must be dated with the *current date*.

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Signature of Client	Date	

I have read and understand the financial policy and agree to abide by its guidelines