

FINANCIAL POLICY

ALL SERVICES MUST BE PAID AT THE TIME OF SERVICES RENDERED, UNLESS PRIOR ARRANGEMENTS HAVE BEEN APPROVED BY LISA (OFFICE MANAGER) OR DR. BURR.

We accept cash and/or personal checks. Visa, MasterCard, & Discover are available too for client convenience. All fees must be paid in full at the time the pet is dismissed from the hospital.

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. DEPOSIT AMOUNTS CAN VARY, BUT USUALLY RANGE FROM \$150 TO \$300.

LAKE CHATUGE ANIMAL HOSPITAL MAKES EVERY EFFORT TO MAKE ALL PET HEALTH CARE AFFORDABLE. THEREFORE, WE HAVE DEVELOPED ADDITIONAL METHODS OF PAYMENT TO HELP MEET THIS GOAL. THESE OPTIONS ARE:

- 1. CARE CREDIT: WE HAVE COMPUTERIZED SOFTWARE THAT PROVIDES CREDIT APPROVAL TO MAKE PAYMENTS UP TO A SIX MONTH PERIOD WITH NO INTEREST. THIS PROGRAM IS ONLY AVAILABLE TO CLIENTS OF VETERINARIANS, PHYSICIANS AND DENTISTS. THIS IS A SERVICE THAT LAKE CHATUGE ANIMAL HOSPITAL (LCAH) PAYS FOR, YET PROVIDES TO OUR CLIENTS AT NO CHARGE.**
- 2. APC (AFFORDABLE PET CARE): THIS IS A PET HEALTH CARE MEMBERSHIP SERVICE THAT LCAH HAS AGREED TO PARTICIPATE. IT IS ONLY OFFERED TO ANIMAL HOSPITALS THAT MEET THE HIGHEST LEVELS OF HEALTH CARE STANDARDS. LCAH IS THE ONLY ANIMAL HOSPITAL IN NORTH GA AND WESTERN NC THAT HAS MET THOSE STANDARDS. APC MEMBERS RECEIVE DISCOUNTED ANIMAL HEALTH CARE SERVICES THAT USUALLY RANGE FROM 5-20%. IT IS ESPECIALLY HELPFUL FOR FAMILIES THAT HAVE MULTIPLE PETS.**
- 3. VETERINARY PET INSURANCE (VPI) IS ALSO AVAILABLE THROUGH US, BUT IT WILL NOT COVER ANY PRE-EXISTING MEDICAL CONDITION.**

ANY OTHER CREDIT AGREEMENT MUST BE IN WRITING, APPROVED BY LISA OR DR. BURR AND SIGNED, REQUIRING A SEPARATE DOCUMENT THAT OUTLINES SPECIFIC PAYMENTS AND TIMEFRAMES.

INTEREST OF 1 ½% / MONTH (18% / APR) WILL BE CHARGED TO ALL OUSTANDING ACCOUNTS OVER 30 DAYS PAST DUE. ANY RETURNED CHECKS WILL BE ASSESSED \$35.00 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 reverse side and 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 terminated. 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 10 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

I HAVE READ & AGREE TO THE TERMS OF THIS FINANCIAL POLICY.

SIGN _____ DATE _____