

Account #: _____



Responsible Party (please print name)

Responsible Party's DOB

PAYMENT POLICY

Revised 08/01/2023

Thank you for choosing Park Hills Animal Hospital! As part of our commitment to provide excellent and professional medical services to you and your pet, a payment policy is in place so that we may continue to provide the highest quality of care in the veterinary industry as we have for over 70 years.

All routine procedures must be paid in full at the time that services are rendered. This includes, but is not limited to: exam fees, vaccinations, prescriptions, food, over-the-counter products, lab work, x-ray services, ultrasound services, boarding, grooming, and **elective surgery (spays, neuters, declaws, dentals, etc.)** No additional services will be provided if an account is not current.

We review a treatment plan and cost estimate with you prior to all surgical procedures, lab work, and emergency care. Please note that a treatment plan is an estimation of services, and expenses could be more or less than anticipated. A deposit may be required prior to any emergency services being performed, depending on the estimated cost, at the discretion of Park Hills Animal Hospital. We understand that non-elective surgeries, non-routine care, and emergency care can be costly, especially when unplanned. Any payment arrangements other than paying the balance in full **MUST** be determined prior to any services being rendered.

If a doctor appointment, surgical appointment and/or boarding reservation is scheduled and we do not receive a call, text or email stating that you cannot keep the appointment, this is considered a NO SHOW and will result in a NO SHOW fee. For a NO SHOW boarding reservation, the fee is \$25 per pet. For a NO SHOW doctor appointment, the fee is \$50 per pet. For a NO SHOW or LATE CANCELLATION (which is less than 24 hour notice) surgical appointment, the fee is \$75 per pet. Payment(s) of the NO SHOW fees are due upon receipt of the texted and/or emailed notification.

Payment Options

Options for payment include: cash, personal check with proper identification, Visa, MasterCard, Discover, American Express, Care Credit, pet insurance.

A fee of \$38.00 will be charged for each returned check. If this happens repeatedly, we reserve the right to refuse payment by check and will require cash/credit card payment for any future services.

Care Credit Financing - Application is required for Care Credit and may not be extended if credit history is not acceptable according to the Care Credit service. You may submit the application online before services are rendered at <http://www.carecredit.com/apply/>. A specific credit limit will be extended. If the credit limit does not meet the cost of the bill, owner is responsible for remainder of payment at the time services are rendered. Highlights of the Care Credit program include low interest rate, low monthly payments, determined approval in a few minutes, and no annual fee.

Pet Insurance - As a pet owner, you may want to consider looking into pet insurance. We recommend Trupanion Pet Insurance (trupanion.com). Knowing your pet's insurance benefits is your responsibility. We do expect payment in full at time of service and insurance companies will generally reimburse you directly. Please contact your insurance company with any questions you may have regarding coverage.

Delinquent Accounts

1. Any accounts over 30 days will be considered delinquent. All delinquent accounts will be referred to a collection agency at the hospital's discretion. Collection agency fees, attorney fees, and any additional fees accrued will be applied to the debtor's account, in addition to the balance owed. All debt and fees are the responsibility of the debtor.
2. Accounts in collections, and any default of an account will terminate availability of services with this practice.
3. Services will only be administered once delinquent accounts are paid in full.

Thank you for your understanding of our payment policy. Please let us know if you have any questions or concerns.

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

Signature of Responsible Party

Date