

FINANCIAL POLICY

VetweRx Equine North (VEN) is dedicated to providing our clients with the best possible care and service. We strive to keep costs for our veterinary care from increasing at an unreasonable rate. We ask for your help in keeping costs down by understanding and adhering to our financial policy.

General Financial Policy

Payment at the time of service is always appreciated. However, we understand that we may see your horse(s) several times per month, so for established clients we are happy to bill monthly. Balances are due within 30 days of the statement date, unless other arrangements have been made with our Practice Manager or Veterinarians. You may contact us directly to make payment arrangements if needed.

For your convenience, we accept cash, checks, Visa, MasterCard, American Express, Discover and Care Credit. You are welcome to keep a credit card on file that can be processed at the end of each month if there is a balance on your account. Please indicate your preferred method of payment on our Client Information form.

Estimates

We often try to provide a general estimate for costs of services while in the field. Verbal estimates are no guarantee of actual costs and are only intended to give a client a rough idea of what their costs might be. If you would like an official estimate, our office would be happy to create one for you.

Overdue Balances

All unpaid balances over 30 days will accrue a 1.5% late fee every month. All unpaid balances over 90 days may be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that are incurred through the collection process. VEN maintains the right to refuse services until all overdue balances are paid.

Returned Checks

There will be a \$25.00 fee assessed for any check returned unpaid by your bank or financial institution.

Insured Patients

If your horse is insured, you will need to pay VEN directly for our veterinary services. We do not bill insurance companies. The horse owner is responsible for sending the statements associated with an insurance claim directly to the insurance company for reimbursement.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY VEN AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE CLIENT.

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| Client Name: | Date: |
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Client Signature:

CONSENT TO TREATMENT

I am 18 years of age or older and do hereby authorize the VEN veterinarians and/or technicians to examine and administer treatment as is considered necessary for my animal's condition. In life threatening situations, stabilizing care may be instituted upon arrival, but no invasive or diagnostic treatment will be undertaken until it has been discussed with me or an agent I have specified. I authorize VEN to fax/email my horse's records to any veterinary hospital should my horse need to be referred for further diagnostics/treatment. VEN has the right to refuse services for any reason.

| | |
|--------------|-------|
| Client Name: | Date: |
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Client Signature: