

ANIMAL HOSPITAL OF WHITFIELD COUNTY
Monday – Friday 8:00 AM to 6:00 PM
Lunch 12:30 PM to 2:30 PM

FINANCIAL POLICY

Our pet care facility receives no support from charitable organizations or the government. Only if we receive prompt payment for our services and products can we maintain the well equipped, staffed, and stocked facility that our patients deserve. Thus, the following is the financial policy of this business.

1. As a convenience to our clients we may provide grooming or boarding services, pet foods, medications and/or other pet supplies. Due to the low margins related to these items, full payment is required for them at the time they are provided.
2. Acceptable means of payment includes:
 - a. Cash
 - b. Personal checks: Pending approval by Check Care (this requires a driver License number, two telephone numbers and an address in order to process).
 - c. Visa, Mastercard, American Express or Discover
 - d. CareCredit Financial Service
 - e. Scratchpay Financial Services
 - f. Trupanion pet insurance
3. Hospital policy regarding payment for cases that need extensive or specialized treatment will require a deposit of ½ of the estimated fees at the time of admission and the remaining balance at the time of discharge.
4. No ADDITIONAL SERVICES may charge to any accounts with outstanding Balance past 30 days due. Instead, all fees for such services or products MUST be paid at the time of service.
5. Any delinquent accounts deemed uncollectible may be sent to a collection agency or attorney for recovery of the balance owed plus all collection and/or court cost, attorney's fees, interest, and/or billing fees.
6. Transfer of records - No transfer of records will be made on any account with an unpaid balance of any duration.

Estimates:

We will gladly supply you with a written/computer generated estimate for cost of services upon your request. Please be aware that your estimate is an estimated cost of services and may depend on length of stay, complication and response to treatment.

If you have financial concerns please speak with Dr. Richmond and he will provide a private area for discussions of that matter.

Signature

Date