

# **PAYMENT POLICY**

**Lillington Veterinary Hospital  
2366 NC 210 N  
Lillington, NC 27546**

**Phone (910) 893-2081**

**Fax (910) 893-9257**

**E-mail: [lillingtonvethos@aol.com](mailto:lillingtonvethos@aol.com)**

As stated in the practice brochure, payment is expected at the time services are rendered. We accept cash, check and all major credit cards as well as Care Credit. At the time of hospitalization for an illness, unless prior arrangement has been made with the attending veterinarian, a deposit will be requested. When your pet is discharged, the balance of the bill must be satisfied. Of course we realize that emergency health care can sometimes catch us unprepared. The options we offer when the total bill cannot be paid at discharge are either to apply for a medical credit card that can be issued immediately (Care Credit Card), or arrange with the office manager or doctor to hold a check(s) to cover any balance remaining at discharge. When we hold a check, the check that we are holding must reflect the current date. We will place a note on the check indicating the date it may be deposited or the date it will be picked up and paid by the issuer. If the issuer fails to contact us or make payment on the date agreed upon, the check will be deposited without further contact from us.

IF we allow you to redeem a portion of a check, you must leave a new check for the current balance. We hope this helps permit you to take advantage of the best medical care we can offer your family for your loved one.

FINANCIAL AGREEMENT      DATE \_\_\_\_\_

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

P O BOX \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS ADDRESS (if less than 3 yrs) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS PH \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_ HOSPITAL ACCOUNT # \_\_\_\_\_

#### UNDERSTANDING AND AGREEMENT

It is the understanding and agreement of Lillington Veterinary Hospital and the person whose signature appears below, who is after this point referred to as "the undersigned" or in the first person that the undersigned has requested professional services from the Lillington Veterinary Hospital and that the Lillington Veterinary Hospital will render the requested Services to the best of its ability in accordance with professional standards of care.

In exchange for and consideration of the requested services, I agree to abide by the following terms:

1. All transactions with the Lillington Veterinary Hospital are CASH transactions, and I will pay for all services at the time they are rendered or at the time the pet is discharged.
2. In the event that Lillington Veterinary Hospital extends me credit, allowing me to pay after services have been rendered, then I shall pay under the following terms:
  - a. Full payment will be paid within 28 days at no interest.
  - b. Payments of \_\_\_\_\_ will be made a minimum of every 14 days until my account is paid in full. An interest charge of 1.5% will be added per month against all monies owed, including accumulated interest. I will pay a service charge of 5% of the uncollected balance for the privilege of having credit extended to me (not to exceed \$25.00).
  - c. In the event that I fail to meet the above payment agreement with Lillington Veterinary Hospital, and the Hospital in its sole discretion determines that it is necessary to file a legal action to collect on my account, then I also agree to pay interest as set out above and any collection fees or legal fees that may be necessary.
  - d. I have read the terms listed above, I understand them, & agree to them.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **CHECK HOLDING AUTHORIZATION / AGREEMENT**

You have authorized Lillington Veterinary Hospital to hold a check(s) as payment on your account until a specified date. We are happy to do so if this allows you to receive the best possible care for your pet. Please understand that the check(s) **will be deposited** on the dates specified **without additional contact from us**. If you wish to redeem a check for cash or exchange one for a partial payment it is **your responsibility** to do so prior to the date of deposit specified at the time we extended you credit on your bill. Thank you for your cooperation and understanding. We remain your partners in pet health!

**Client initials** \_\_\_\_\_

**Billing** \_\_\_\_\_

**Copy to client** \_\_\_\_\_