

Financial Policy

Waggin Wheel Vet Clinic
501-622-3160

3647 N Hwy 7
Hot Springs, AR 71909

This is an agreement of Waggin Wheel Vet Clinic, an Arkansas Professional Corporation, as creditor, and the Debtor named on this form.

In this agreement the words "you," "your," and "yours" mean the Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer Waggin Wheel Vet Clinic.

By executing this agreement, you are agreeing to pay for all services that are received.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, any late fees, and any payments or credits applied to your account during the month.

Payment options:

1. You choose to pay by __cash, __check, or __credit card on the day that treatment is rendered.
2. On extensive treatment, you may prefer to secure a bank, credit union, or other third-party financing for the entire amount and make payments to the lending institution.
3. We offer special financing through Care Credit. If you pay them within 6-18 months, there will be no interest charged

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

Charges to Account: We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

Late Fee: We determine your account is past-due by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. If no payment has been received in the past 30 days, a late fee of \$5 will be charged to your account.

Returned checks: There is a fee (currently \$25) for any checks returned by the bank.

Missed appointment fee: If you do not show up for an appointment you will be subject to a \$20 fee. This fee must be paid before a new appointment is scheduled. If you miss more than three appointments, you may be asked to transfer your records to another doctor.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Animal's Name: _____

Name of Responsible Party: _____

Signature: _____ Date: _____

Continued on other side . . .

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to civil court, you agree to pay all attorney fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Garland County, Arkansas.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the person authorizing treatment for the animal will be the person responsible for those subsequent charges. If the divorce decree requires the other party to pay all or part of the treatment costs, it is the authorizing party's responsibility to collect from the other party.