



Financial Policy

Thank you for choosing Animal Medical Center as your Veterinary Healthcare Provider. We are committed to your pet's treatment being successful. Please understand that payment of your bill is considered a part of your pet's treatment. The following is a statement of our Financial Policy, which we require you to read, agree to, and sign prior to any treatment.

- All clients must complete our "Client Information Form" before seeing the doctor.
- Full payment is due at the time of service.
- A deposit of the low end of the estimate is required for hospitalization and surgical procedures.
- We accept cash, Visa, MasterCard, Discover, and American Express.
- We do offer an extended payment plan through Care Credit with prior credit approval.

Regarding Insurance

We do not accept insurance. As a courtesy, however, we will help you receive maximum benefits by filling our insurance claim forms for your reimbursements.

Usual and Customary Rates

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible to pay the bill in full regardless of the insurance company's determination of usual and customary rates.

I have read, understand, and agree to the above Financial Policy

Owner or Responsible Party: _____ Date: _____