

Payment is expected when services are rendered. For your convenience, Crossroads Animal Hospital accepts cash, check, MasterCard, Visa, Discover, American Express, and CareCredit. CareCredit offers an interest-free payment plan for charges of \$200 or more if the balance is paid in full within 6 months. There are no upfront costs, no annual fees, and no pre-payment penalties. You can apply for CareCredit by calling 1-800-677-0718 or visiting carecredit.com.

- **Payment Policy** – Payment is expected when services are rendered. If your account is not paid in full, monthly finance and billing charges will apply.
- **Returned Check Policy** – A fee of \$40 will be charged to your account for any checks returned due to insufficient funds.
- **No Show Policy** – If you “No Show” for a scheduled appointment and have not called our office, a \$25.00 fee will be charged to your account (reminder calls are not guaranteed & are a courtesy).
- **Missed Appointment Policy** – If a scheduled appointment is missed, cancelled with less than a 4-hour notice or you are more than 15 minutes late it is considered a “Missed” appointment.
- **Deposit Required Policy** – If you have more than 3 “Missed”/“No Show” appointments on your account, a deposit of \$50 will be required to hold your future appointment time. The deposit is non-refundable, but will be deducted from your bill at the conclusion of your appointment.
- **Weapons Free Facility Policy** – The possession or use of perilous weapons (firearms, explosives, knives, and other weapons that might be considered dangerous or that could cause harm) is strictly prohibited on hospital property.

I understand that if I have an unpaid balance and do not make satisfactory payment arrangements, my account may be transferred to an external collection agency. I will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting my account, and possibly including reasonable attorney’s fees if so incurred during collection efforts.

In order for Crossroads Animal Hospital or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Crossroads Animal Hospital and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I have provided, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using the cell phone numbers and e-mail address that I provided and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

I acknowledge that I have read and accept the terms and conditions listed above.

Signed _____ Date _____