

FINANCIAL POLICY

Pioneer Veterinary Clinic
827 Sharon Ave
Moses Lake, WA 98837
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Dr. Richard Maier, DVM
Dr. Jennifer Brown, DVM
Dr. Courtney Redding, DVM
Dr. Jesyka Morrison, DVM, CCRT

This is an agreement between Pioneer Veterinary Clinic, a Washington 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 to Pioneer Veterinary Clinic.

By executing this agreement, you are agreeing to pay for all services that are received. Account holders must be eighteen (18) years of age to hold an account.

Payments: Unless other arrangements are approved by us, the balance on your account is due at the time of service.

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.

Payment options: You can choose to pay by cash, check, and or credit card on the day that treatment is rendered. We also offer special financing through Care Credit. If your balance is over \$200.00 they offer 6 months no interest if paid in full within the months.

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of eighteen percent (18%) per year. In the event legal action must be taken to collect on the balance of the account, any and all court papers will be filed within the county of Grant in the state of Washington.

Returned Checks: There is a fee (currently \$35) for any checks returned by the bank.

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.

Client signature: _____ **Date:** _____