



Financial Policy

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Thank you for choosing Riverside Animal Hospital. Our primary mission is to deliver the highest level of veterinary care to your pet. Our staff will provide you with a treatment plan that will outline the approximate cost of your animal's care for procedures, surgery and hospitalization.

Riverside Animal Hospital requires payment in full at time of service and/or at the time of discharge.

Payment Options:

- We accept Cash, Check, Debit Cards, Visa, MasterCard, Discover and American Express
- Care Credit & Scratch Pay, subject to approval, allows for treatment immediately and payment over time. Please ask regarding the application, we will be happy to help you with that process.
- If you have pet insurance, provide us with the claim form and our staff will assist at filling it out and providing the needed documentation so you can submit the claim to your insurance. Riverside Animal Hospital is not responsible for your agreement with your insurance provider.

Additional Terms:

- Returned check fee \$20.
- Returned check due to NSF (non-sufficient funds) or Stop Payment, client will automatically become cash or credit card payment only for all future services.
- Delinquent accounts are charged a finance fee of 3% each month until the balance is paid in full.
- Delinquent accounts without a payment agreement, are sent to collections at 90 days from date of service.
- If we submit your balance to collections you will be responsible for all charges that Riverside Animal Hospital incurs; including late fees, finance charges, collection costs, court filing and attorney fees.
- Non-refundable deposits may be required in order to secure appointments if you repeatedly cancel or no-show within less than 24 hours of a scheduled appointment. This deposit will be applied to your balance due at the end of your appointment.
- We can keep your credit/debit card securely on file and initiate payments due electronically. Your card will only be charged for the amount deemed your responsibility. By initialing here, , you authorize us to retain your card for all payments due from you.

If you have questions, please ask to speak with the hospital administrator.

By signing below, you agree to the terms listed in this financial policy:

Signature: _____ Pet(s): _____ Date: _____