



# PAYMENT & SERVICE AGREEMENT

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Our commitment to deliver the best and most comprehensive patient care available to your horse is coupled with an administrative staff available to assist you with understanding our policies and facilitating payment of your veterinary services.

It is our policy that **payment is due in full at or near the time services are rendered and invoiced**. Payment can be made with cash, check, Visa, Mastercard, Discover, American Express, PayPal or CareCredit.

**Clients must have the most current TEVA CLIENT INFORMATION SHEET completed and on file before patient services can be scheduled and/or rendered. The CLIENT INFORMATION SHEET can be found online at [www.totalequinevets.com/client-info-sheet](http://www.totalequinevets.com/client-info-sheet).**

## **Payments, Emergency Credit, Fees & Insurance**

We believe that effective communication of fees and payment policy is vital to maintaining good working relationships. We encourage clients to ask for estimates of costs for all veterinary services prior to or at the time of the appointment. Routine services such as wellness visits may be reviewed and pre-purchased on our website, [www.TotalEquineVets.com/online-store](http://www.TotalEquineVets.com/online-store).

### **CareCredit**

CareCredit offers a variety of credit options specifically for veterinary expenses. We urge clients to apply for CareCredit, regardless of credit score, to help ease potential financial burden. Please apply online at [www.CareCredit.com](http://www.CareCredit.com).

### **Prescription Transmission Fee**

If written prescription is provided at time of appointment, there is no prescription fee. Please understand there is an administrative and record keeping requirement beyond simply approving any prescription request.

Clients who choose to have prescriptions fulfilled elsewhere will be charged \$25 for transmitting prescriptions to third party vendors. Clients are welcome to request and pick up written prescriptions from the TEVA office at no charge.

### **Insured Horses**

All invoices are due and payable upon receipt *regardless* of the status of any insurance claim(s). Insurance claims are the horse owner's responsibility to submit. TEVA will complete and return insurance exams and claim forms as quickly as possible upon request (often for an approximate \$40 fee). **Clients are required to remit payment in full to TEVA upon receipt of TEVA's invoice rather than delay payment until after receiving insurance reimbursement.**

### **Authorization of Care, Financial Responsibility & Delinquent Accounts**

TEVA requires clients to name Authorized Decision Makers on the CIS (Client Information Sheet). Authorized Decision Makers can only be named by the horse owner and/or lessee (with the written consent of the owner). Clients must complete a CIS prior to or at the appointment before we can provide veterinary services. If leaving town, clients are asked to email us travel dates and who is authorized to make decisions in the event of an emergency.

*NOTE: Boarding agreements usually authorize farm/barn managers or trainers to make medical and financial decisions on your behalf. We recommend all clients fully understand their boarding agreements. When your farm/barn manager requests a service from TEVA on your behalf, you assume financial responsibility for this request.*

**I have read and agree to all of the above \_\_\_\_\_ (Initial)**



# PAYMENT & SERVICE AGREEMENT

(CONTINUED)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Leases & Temporary Changes In Financial Responsibility

Special circumstances such as leases or temporary changes in horse ownership/financial responsibility for veterinary care require special arrangements with our office. Please contact us at 703.505.2320 to make arrangements before a lease or any other change in financial responsibility is scheduled to begin. If you fail to make TEVA aware of changes in financial liability, you will be responsible for all charges should the new financially responsible party fail to pay. To maintain the integrity and legality of medical records, we cannot make retroactive changes to financial responsibility.

## Delinquent Accounts

In the event that an account becomes past due, we charge a monthly service fee of \$10.00 minimum or 5% of the outstanding balance for balances older than 30 days. At 45 days past due, clients will be placed on EMERGENCY SERVICES ONLY status and any elective services must be veterinarian-approved and paid in advance. At 60 days past due, accounts are subject to collections and/or legal proceedings as well as discontinuation of all services from Total Equine Veterinary Associates. It is the client's responsibility to pay the outstanding balance, late fees, interest charges, attorneys' fees, and court costs associated with collections and/or legal proceedings. Returned checks incur a \$45 service charge added to the outstanding balance.

## Compounded Medication

TEVA occasionally uses compounded medications when FDA-approved formulations (example: liquid vs. pill) or ingredients have limited availability or become unavailable. Compounded medications have not undergone FDA testing to prove efficacy or safety. By giving us permission to treat your horse, you've agreed and understand this and also give permission to dispense and/or prescribe compounded medications to your horse.

## Social Media/Photography Acknowledgment

Throughout the course of providing medical care for your horse, TEVA veterinarians and staff may take or be provided with photographs of your horse for purposes of care management. In the course of business, it is common practice to use such photographs for educational seminars, social media, website articles, and training purposes. As a TEVA client, you authorize us to use animal-only images, while retaining anonymity, for educational purposes without further consent. If you do not consent, please contact our office.

**This Payment & Service Policy allows us to minimize outstanding receivables, therefore allowing us to further invest in medical equipment, technology, and training to continue providing state-of-the-art care to the local equestrian community. We appreciate your cooperation.**

*Total Equine Veterinary Associates reserves the right to change payment terms and/or pricing at any time without prior notice.*

**I have read and agree to all of the above \_\_\_\_\_ (Initial)**



## CLIENT INFORMATION SHEET/ PAYMENT AUTHORIZATION FORM

CLIENT	NAME		SPOUSE	
	MAILING ADDRESS		HOME PH	
	CITY, STATE, ZIP		CELL PH	
	EMPLOYER		WORK PH	
	EMAIL			
	PREFERRED CONTACT METHOD: <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> PHONE			
REFERRED TO TEVA BY:				

BARN	STABLE/FARM NAME		MANAGER'S NAME	
	FARM ADDRESS		MANAGER'S PH	
	OTHERS AUTHORIZED TO SEEK CARE/MAKE DECISIONS:			PH:

PATIENTS	BARN NAME	REGISTERED NAME	DOB	BREED	SEX	COLOR	
						Unknown	
						Unknown	
						Unknown	
						Unknown	

Payment is due at or near the time services are rendered and invoiced. All clients must have valid credit card information and authorization on file in order for TEVA to schedule and/or perform patient services. We will always send an itemized invoice and receipt for every transaction. Please supply all information on this form.

**PAYMENT OPTION:** *(Select ONE and initial your selection.)*

- [FULLAUTO]** Place my credit card on file and enroll me in auto-pay. I understand that my credit card will automatically be charged for my full amount of each invoice as incurred.
- [\$350AUTO]** Place my credit card on file and enroll me in \$350 auto-pay. I understand that my credit card will automatically be charged up to \$350 for every invoice as incurred and \$350 every two (2) weeks thereafter until the balance is paid.
- [NON-AUTO]** Place my credit card on file but I will pay with cash, check, credit card, CareCredit or PayPal within two (2) weeks of receiving my invoice. I understand that my credit card will be charged for the full balance if I fail to provide payment within two (2) weeks of my appointment.

BILLING	<input type="checkbox"/> Same Contact Information as Above				
	CARDHOLDER'S NAME		BILLING PH		
	BILLING ADDRESS		CITY, ST, ZIP		
	EMAIL ADDRESS				
	CREDIT CARD #		EXP (MM/YY)	3/4 DIG CODE	

**AGREEMENT:**

I authorize TEVA to provide veterinary care to my horses. I understand that should I fail to provide valid credit card information, TEVA may not be able to perform routine or emergency services on my horse(s) and I may be required to make alternate arrangements. I am the account holder or an authorized user of the above credit card. I agree to pay all costs and fees incurred with collection of debt. I have read, understand, and agree to the terms of the TEVA Payment & Service Agreement and this Authorization Form.

CLIENT/CARDHOLDER SIGNATURE	DATE
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