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**BEND EQUINE MEDICAL CENTER**

Wayne Schmotzer, DVM, Dipl. ACVS

Wendy Krebs, DVM

Mary Masterson, DVM

Jessie Evans, DVM

**FINANCIAL POLICY FOR BEND EQUINE MEDICAL CENTER, LLP**

In the interest of good health care practice and to avoid any misunderstanding, we would like to review our payment policy with you. Our primary responsibility is to help our patients receive excellent health care and we wish to spend our time and energy toward that end.

- ❖ All accounts are due and payable at the time of your visit, unless satisfactory arrangements have been made with our office administrator prior to your appointment. We offer Visa, MasterCard, American Express, and CareCredit as payment options.
- ❖ On accounts that have made prior payment arrangements, the payment is due upon receipt of the monthly statement. Any balance outstanding more than 30 days will accrue interest at \$20 or 4% monthly, whichever is greater.
- ❖ Interest charges will not be waived on unpaid balances.
- ❖ For those of you that have medical insurance on your horse, please be aware that we do not bill insurance companies. We will help process your insurance claim, but owners are directly responsible for payment of their account at time of service.
- ❖ A deposit will be required on all patients that are hospitalized both during the day, and after hours emergencies. Although it may seem distasteful to ask for money while dealing with an emergency, you might be surprised by the number of delinquent accounts we have accumulated by treating emergency patients. Horses admitted for colic surgery require a \$3,500 deposit prior to procedure. Horses admitted for any other elective or emergency surgery or procedure require ½ of the estimated cost of the procedure or treatment at the time of admittance.

*I have read this credit policy and understand that regardless of any insurance coverage I may have, I am responsible for the payment of my account. I understand that delinquent accounts will be turned over to a collection agency or small claims court. If it becomes necessary to effect collection of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. This will ensure that our responsible clients will not be penalized to cover costs incurred by those who do not pay on time.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please note: In the event this account becomes delinquent, all written and verbal communications will be an attempt to collect the debt and any information will be used for that purpose.*