

Dr Paul T Hartman
518-370-3736
518-370-2019 (fax)

Financial Policy

Union Street Veterinary Hospital
1718 Union Street
Schenectady, N.Y. 12309

This is an agreement between Dr Paul T Hartman, 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 Dr Paul T Hartman.

By executing this agreement, you are agreeing to pay for all services that are received.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payment options:

1. You choose to pay by cash, check, or credit card on the day that treatment is rendered.
2. On extensive treatment, you may prefer to secure a bank, credit union, or other third-party financing for the entire amount and make payments to the lending institution.
3. We offer special financing through Care Credit. If you pay them within 3 months, there will be no interest charge.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

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.

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 one percent (1.5%) per month or an **ANNUAL PERCENTAGE RATE** of eighteen (18%) percent. The finance charge on your account is computed by applying the periodic rate (1.5%) to the Aoverdue balance@ of your account. The Aoverdue balance@ of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is \$.50.

Credit History: You give us permission to check your credit and employment history and to answer questions about your credit experience with us. We have the option to report your account status to any credit reporting agency such as a credit bureau.

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

Missed appointment fee: The second time you do not show up on time for an appointment, or cancel with less than 24 hours notice, a \$30 fee will be charged. This fee must be paid before a new appointment is scheduled. If you miss three appointments, you will be asked to transfer your records to another doctor.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Schenectady County, New York.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the person authorizing treatment for the animal will be the person responsible for those subsequent charges. If the divorce decree requires the other party to pay all or part of the treatment costs, it is the authorizing party=s responsibility to collect from the other party.

Transferring of Records: You will need to request in writing, and pay a reasonable copying fee if you want to have copies of your records sent to another practice. The amount of the fee is dependent on the number of pages we need to copy. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

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.

Animals name: _____

Name of responsible party: _____

Signature: _____ Date: _____