

Financial Agreement

1. Payment is due in the form of cash, credit card, CareCredit, or PaymentBanc.
2. PaymentBanc, require \$65 plus 10% deposit and then monthly payments after for 6 to 12 months, depending on total.
3. All services are non-refundable. We will refund the sessions from al a carte cost in the event of death to patient or other unforeseeable circumstances.
4. I understand that upon my request the hospital staff will provide me with an estimate of any cuurent and/or antipated charges.
5. I understand that I am the person legally empowered to give consent and that I am responsible for payment of all charges for the agreed upon treatment plan. I agree to pay all charges for services rendered in accordance with the facility's current rates as presented at the time.
6. When renewing a plan understand, prices change often do to the needs of the hospital.
7. **We will order speciality braces for you but will charge a fee for measurment and filling out the paper work.**
8. When ordering specility items you may have to pay the vendor directly.

Finacially Responseable Person:

Date: _____

Print Signature: _____

Signature: _____

Pet Name: _____

Plan: _____

Account Number: _____