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Raising the Quality  
of Veterinary Care  
for Your Horse

### *Payment and Billing Policy*

**The staff of Finger Lakes Equine thank you sincerely for your continued confidence in our veterinary care. In order to continue the highest level of service that you expect and deserve we are compelled to revise our billing and payment policies.**

**To that end, all clients who wish to charge for services must maintain a valid credit card account on file with our office. Invoices will be generated and delivered at the time of service. Clients will have 30 days to review and discuss those charges. They may also apply payments by cash, check or alternate credit card against those charges anytime during that 30 day period. At the end of 30 days any unpaid balance will be applied to the card on file. Your credit card information will be treated with care and respect. We will adhere to all current laws to safeguard your privacy. A written document outlining that policy is available on request. Please fill out and sign the credit authorization contract on the reverse side of this document.**

**Payment as always will be accepted at the time of service and will be expected of all first time clients and for those current clients not wishing to leave a credit card on file with us. We accept cash, checks, Mastercard, Visa, Discover, American Express and debit cards. Any account that should become delinquent will be assessed finance charges of 1.5% monthly or a minimum of \$10.00.**

**For most clients this will involve no real change. For others it will reduce the risk of runaway account balances, accumulating finance charges and the potential risk to credit ratings should collection become necessary.**

**If unusual or extraordinary circumstances make compliance with this policy impossible please call either Dr. LaPoint or Shari Rossiter to discuss alternatives that may work for both parties. We look forward to our continued partnership; working together to insure the health and happiness of our equine family.**

Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E mail address \_\_\_\_\_

Credit Card billing address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Type    Visa \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ American Express \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Security code \_\_\_\_\_

**I hereby authorize Finger Lakes Equine Practice to apply the unpaid balance of my account every 30 days to the credit card listed above or any other card that I or my agent provide in accordance with the policies outlined on the reverse of this form. Any charges unpaid by 60 days post service will accrue finance charges of 18% annually, billed to my account at 1.5% monthly.**

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