

Hickory Tree Veterinary Hospital

118 SOUTH VILLAGE DRIVE | WINSTON SALEM NC, 27127 | (336) 775-2303

Patient Payment Agreement

Thank you for the opportunity to help you meet your healthcare goals. During our discussion of your treatment recommendation and our Written Financial Policy, the following financial arrangements were made:

The estimated cost for your treatment is \$_____. Once treatment has begun, changes in the anticipated treatment plan may be required. We will inform you if this occurs and you will be given the option of continuing or changing treatment. _____
(Patient initials)

As you know, it is this practice's policy to receive payment prior to completion of treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. You have agreed to pay your patient portion of the treatment fee in the following way:

Payment in full in the amount of \$_____

Paid with: _____

Deposit required: \$_____

Deposit paid with: _____

Full Payment is Due at Discharge of Patient

If you have questions about your treatment plan or the choice of payment options, please do not hesitate to ask. We are here to help you get the healthcare you want or need.

We look forward to seeing you at your scheduled appointment at _____ on _____.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)