



PAYMENT OPTIONS

GVEC strives to offer you, our client, the latest in equine medicine. We ask that payment for our services be made at the time of the appointment or arranged ahead of time by securely storing charge card information with us.

We offer three payment options, one of which is sure to fit into your individual bill paying system and require each of our clients to select from one of the following options:

- Option 1: Charge your MasterCard or Visa *after each date of service.*
- Option 2: Charge your MasterCard or Visa *at the end of the month.*
- Option 3: Pay by cash, check, Visa or MasterCard *at the time of the appointment.*
(Note: this option is not available for out-of-town owners).

Many clients have enjoyed the benefits of leaving their credit card on file with us. It relieves them of the need to be present at their appointment with check or cash in hand, and allows them to take advantage of the many payback incentives or perks that their credit card companies have to offer. Please fill out the back of this form and return by mail or the fax number listed below. NOTE: Emailed forms are not secure.

Our clinic offers a third party external financing through CareCredit. Please contact our office for additional details at (585) 889-1170.

Thank you for selecting GVEC to be your trusted equine veterinary practice. We are always pleased to serve you.

Sincerely,

Amy R. Leibeck, DVM

PAYMENT PREFERENCE AND CHARGE CARD INFORMATION

<<< Secure submit by fax (585) 889-4635 >>>

Date: _____ Acct. # (office use only) _____

Client's Name: _____

Billing Address: _____

Primary Phone #: _____ Alternate #: _____

E-mail: _____

Please select one option:

- ___ Option 1 –Charge my card after each visit.
- ___ Option 2–Charge my card at the end of the each month.
- ___ Option 3–Pay by cash, check, Visa or MasterCard at time of the appointment.

If an account is past due and a payment arrangement has not been made, we may refer the account to an attorney or collection agency. If this occurs, you will be responsible for any additional costs incurred in collecting the balance due. By signing below you indicate you have read this statement and acknowledge responsibility.

Card Type: MasterCard ___ Visa ___

Cardholder's Name: _____

Card # _____ Exp. Date _____

Cardholder Signature: _____

Date: _____