



Dear _____

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 a charge card with us. We offer three payment options, one of which is sure to fit into your individual bill paying system.

We require each of our clients to select from one of the following options:

Option 1: Charge your MasterCard, Visa, Discover or American Express after each date of service.

Option 2: Charge your MasterCard, Visa, Discover or American Express at the end of the month.

Option 3: Pay by cash, check, MasterCard, Visa, Discover or American Express (that you supply) 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.

Our clinic also offers a third-party external financing company called CareCredit. Please contact our office for additional details.

Feel free to contact our office at (585) 889-1170 if you have any questions. Thank you for selecting GVEC to be your trusted equine veterinary practice. We are always pleased to serve you.

Sincerely,

Amy R. Leibeck, DVM

(over)
Updated 3/7/19 JM



PAYMENT FORM

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

Client's Name: _____

Address: _____

Primary Phone #: _____ Alternate #: _____

E-mail: _____

Please choose an option:

___ **Option 1** —Charge my card after each visit.

___ **Option 2** —Charge my card at the end of each month.

___ **Option 3** —Pay by cash, check, or credit card 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 ___ Discover ___ American Express

Cardholder's Name: _____

Card # _____ Security Code _____ Exp. Date _____

Signature: _____ Date: _____

If the billing address for the card is not the same as the above address, please indicate below: