

# OKLAHOMA CITY EQUINE CLINIC, P.C.



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Brian Carroll, DVM  
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## Billing Agreement Form:

We accept cash, checks, Care Credit, Visa, Mastercard, Discover, & American Express cards. All clients must place a credit card on file. **All new clients must pay for services at the time of the appointment until credit is established. Payment for all hospital cases, both inpatient and outpatient, is due at the time of discharge.**

### Payment Preferences

1. I would like to receive my invoices via email. (Circle one) Yes No
2. I would like to have my invoice balance automatically charged to my credit card. The invoice total will be billed at the time of service and an invoice will be sent to me via email. (Circle one) Yes No

### Payment Policies

1. I understand that I must pay all accounts in full upon receipt of invoice and all hospital appointments must be paid prior to discharge.
2. Payment in full is required within 20 days of invoice for ambulatory calls and before discharge for all hospital appointments. If payment is not received within this time frame, I agree to settle my account by allowing OCEC to charge the balance due to my credit card.
3. This contract shall apply to all veterinary services provided by OCEC, to any and all horses on your behalf, whether or not the horse(s) are listed on our Hospital and Admission consent form.
4. Late charges shall be applied to all accounts overdue at a rate of 1.5% per month or 18% per year, with a minimum service charge of \$1.00.
5. Should Oklahoma City Equine Clinic be forced to commence administrative and/or legal action to collect unpaid invoices from you:
  - a. You consent to personal jurisdiction of the courts of the State of Oklahoma.
  - b. You agree to pay all costs, expenses, and reasonable attorney's fees incurred by Oklahoma City Equine Clinic that are associated with such action.
6. You represent that you are presently able to comply with the payment terms herein, and if you should become unable to make timely payment of outstanding invoices, you will notify Oklahoma City Equine Clinic, PC.

By signing below, I agree I have read, understand, and voluntarily agree to comply with the terms and conditions of the Agreement as a legally enforceable contract with Oklahoma City Equine Clinic, PC. I further understand and agree that veterinary services cannot be provided without my signature and payment information provided below. **If I decline to provide a credit card, I realize that I must provide payment at each appointment and the provisions enumerated above will be in effect for instances of late or non-payment as indicated.**

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_