

Charlotte Animal Hospital

4200 Kings Hwy
Charlotte Harbor, FL 33980
941-625-6111

FINANCIAL RESPONSIBILITY / RELEASE OF INFORMATION

RELEASE OF INFORMATION:

I authorize Charlotte Animal Hospital to release medical information and/or copies of medical records or other patient or client information to the following:

- Insurance companies for which I have assigned benefits for the patient's treatment and care.
- To Charlotte Animal Hospital veterinarians, my referring veterinarians, or any other health care providers responsible for the patient's care.
- To any subsequent owner of the patient.
- I authorize Charlotte Animal Hospital and its employees to request my pet's medical records from other veterinary clinics as needed.

FINANCIAL RESPONSIBILITY:

I assume financial responsibility for all charges incurred for services provided to the patient and understand and agree to the following Charlotte Animal Hospital policies:

- **For Out-Patient visits:**
I understand that full payment for all services is due at the completion of the visit, prior to discharge.
- **For In-Patient visits:**
I understand that a deposit of 50% to 100% of the estimate (% is determined by management) is due prior to admission and the remaining balance is due at the completion of the visit, prior to discharge.
- **Some charges may not be known at the time of discharge:**
I understand that the remaining balance is due at the completion of the visit, prior to discharge.
- **Please note that exact costs cannot be quoted:**
I understand they may change rapidly and significantly as the patient's condition can change.

Charlotte Animal Hospital accepts Cash, Checks (with proper ID), Visa, MasterCard, Discover, American Express, and Care Credit.

- Returned checks are subject to a \$37.05 fee plus the original amount of the check will be debited back to the account. The account must be paid by cash or credit card only.

I understand that all unpaid amounts shall accrue late charges pursuant to applicable law. In the event it becomes necessary to collect fees through the services of an attorney or collection agency, the client agrees to pay all attorney's fees or collection costs. In the event it becomes necessary to collect unpaid amounts through litigation, the client agrees to pay all costs involved in such litigation, including attorney fees and costs.

Signature: _____ Date: _____