

Powdersville Animal Hospital

10920 Anderson Hwy • Piedmont, SC 29673

Phone: (864) 269-0052 • Fax: (864) 295-1010

Financial Policy

Full payment is due when services are rendered.

Financially, the hospital is not able to bear the burden of losses associated with charge accounts. Rather than increase our fees by as much as 5-10% to cover the costs associated with an “accounts receivables” department, we would prefer to keep our fees as reasonable as possible.

In those cases where patients are presented in an emergency situation, any payment arrangement must be authorized by the doctor or practice manager prior to treatment. In such instances requiring surgical intervention, prolonged hospitalization, emergent or extensive care, a deposit equaling half of the estimated fees provided will be required before treatment begins. All balances must be paid in full at the time the patient is discharged, no exceptions. We are not required by law to release a patient if the services are unpaid, and we reserve this right.

The practice of “post-dating” or “holding” checks is considered an unethical business practice; therefore we cannot provide this assistance. We are bound by South Carolina law to follow acceptable financial guidelines.

We do accept payment in the form of cash, debit cards, credit cards, Care Credit, and personal checks with a photo ID provided. If you choose to pay with a check, you authorize Powdersville Animal Hospital to scan your check using the Telecheck service. If your check is declined for any reason you must provide another form of payment. We can also recommend sources for good quality pet health insurance if you feel this may suit your needs.

Returned checks will be charged a thirty (\$30) fee. Failure to pay this debt within ten (10) days will result in the relinquishing of your file to the County Solicitor for prosecution. Any additional collection efforts and legal fees made will be billed accordingly.

Thank you for your cooperation in our effort to make all fees reasonable and acceptable for the care of your pet.

Robert T. Sanders, DVM
Powdersville Animal Hospital

I have read, understand, and agree to the above financial policy.

Owner _____ Date _____

I need to speak with a manager/doctor regarding financial arrangements or I have questions about this policy.