



Nicole Irizarry, DVM
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Financial Policies

Payments for Services Performed

For your convenience our office accepts cash, checks, Visa, MasterCard, Discover, American Express, Applepay, and Zelle (for digital ACH payments). Digital ACH payments may also be submitted directly using the payment/invoice link provided by the Intuit Quickbooks platform. Individuals who do not expect to be present for appointments must place a card on file with the office of Kissel Hill Veterinary Services.

All past due balances are assessed a 1.5% per month service charge after 30 days.

There will be a \$30.00 fee assessed for any check returned unpaid ("bounced") by your bank or financial institution.

All invoices are due and payable upon receipt regardless of the status of any insurance claim(s).

Accounts that are 90 days past due are considered delinquent and will require payment at the time of future or continued service.

Leases or Temporary Changes in Financial Responsibility

Special circumstances such as leases or temporary changes in animal ownership/financial responsibility for veterinary care require special arrangements with our office. Please contact us at 717-368-8216 to make arrangements before a lease or any other change in financial responsibility is scheduled to begin. If KHVS is not made aware of changes in financial responsibility in ADVANCE, you will be responsible for all charges should the new party fail to pay. To maintain the integrity of patient records, we cannot make retroactive changes to financial responsibility.

CREDIT CARD AUTHORIZATION

Name (as it appears on card) _____

Phone: _____

Email: _____ *for invoice receipts

Visa _____ Mastercard _____ Discover _____ AmEx _____

Credit Card Number: _____ Expiration Date: _____

CVV _____

Payment Option (choose one):

_____ Place my card on file and enroll me in auto pay. With auto pay I understand that my card will automatically be charged whenever charges are incurred.

_____ Place my card on file but contact me prior to processing it. *Note: we will attempt to reach you via phone and email.

_____ Place my card on file, but I will use an alternative payment method (cash, check, Echeck, Applepay or an alternative credit card) after receiving the invoice. I understand that my card will be charged 14 days after receiving the invoice if I have not used an alternative method of payment at this point.

This authorization will remain on file until the above credit card expires.

_____ date _____

If opting to use this form, please convey credit card information through secure means. Options:

1. Mail complete form to Kissel Hill Vet P.O. Box 5179 Lancaster, PA 17606
2. Call 717-368-8216 and convey card information directly over the phone. If your phone call is sent to voicemail, please list in your voicemail a time to call back.
3. If you are able to send a secured e-mail due to your employment situation, you may send an e-mail to kisselhillvet@gmail.com with this form.