

ANIMAL EYE CARE CLINICS

805-388-3933

www.evet.com

OUR PRACTICE POLICIES

Thank you for choosing the Animal Eye Care Clinics. We look forward to helping you and your pet. It is necessary that we inform you about your responsibility for the services we provide. Your signature below is your personal acknowledgement of this responsibility. Please ask us if you have any questions. If you do not agree with our office policies, we kindly request that you do not make an appointment with our office.

OFFICE HOURS

We are open Monday through Friday, 8:30AM-5:00PM. We are closed for lunch for one hour between 12:00PM-2:00PM.

EMERGENCIES

During regular business hours, please contact our office at 805-388-3933. After business hours, our messaging system will give you instructions on how to contact us. Please do not contact us after-hours unless you have an emergency which requires that your pet be brought in immediately for an emergency examination. In case of extreme emergency, or if we do not return your after-hours phone call within 30 minutes, please seek immediate care at your nearest veterinary emergency clinic or with your regular veterinarian.

PAYMENT FOR SERVICES

You accept responsibility for all charges incurred, and you agree to pay for these costs. Payment in full is required at the time services are rendered. **Diagnostic tests, procedures, and medications are not included in our examination fee.** Please feel free to discuss fees before services are rendered. We accept cash, Debit cards, Visa, MasterCard, American Express, Discover and CareCredit. We do NOT accept personal or business checks. A 50% deposit is required for surgical appointments.

Balances that exceed 30 days from the day of service will be charged a late fee of 1.5% per month. We also reserve the right to refuse further service to you until the past due balance has been paid, or treat your pet on a strictly emergency and cash-only basis. If your balance remains unpaid after 30 days, your account may be placed with an outside collection agency, the additional expenses will be added to your account balance, and you will be dismissed from our practice.

SCHEDULING APPOINTMENTS

All appointments require a credit card deposit (equivalent to the fee for the appointment) in order for us to schedule your appointment. Your credit card will not be charged until the day of your appointment. Multiple or complex problems may require scheduling additional appointments, or incur an extended examination fee.

CANCELLATION and MISSED APPOINTMENT POLICY

Your appointment time is reserved exclusively for you. Therefore,

WE REQUIRE 24 HOURS NOTICE OF CANCELLATION FOR ALL APPOINTMENTS.

- Our phone number is 805-388-3933. You can leave a message on the answering machine 24/7.
- If you give at least 24 hours notice to cancel your appointment, you will not be charged for a missed appointment.
- If you give less than a 24 hour notice to cancel, OR if you fail to attend your appointment for ANY reason, then you will be charged for the missed appointment.

The missed appointment fee is equivalent to the fee for the appointment (e.g., new patient exam fee, a reexamination fee, a per-dog genetic eye screening fee). These rates are non-negotiable and non-refundable and will be charged to your credit card on the date of the missed appointment.

LATE ARRIVALS

We will make every effort to see you at the time you are scheduled. We understand that your time is valuable to you, and we appreciate the same courtesy from you. We can stay on time only if you arrive on time for your appointment. We have a 10 minute late policy. If you are going to be late, please call us to see if we will still be able to accommodate you. If you are late for your appointment, your appointment is NOT guaranteed (see missed appointments, above). We will attempt to accommodate you on the same day if our schedule permits it. Otherwise, you will need to reschedule your appointment and you will be charged a missed appointment fee.

PRESCRIPTION REFILLS

It is your responsibility to schedule follow-up appointments before your pet's medication(s) run out and to allow for ample time (at least 3 days duration) for prescription refill requests. If you need a refill, please call your pharmacy and the pharmacy will contact our office. Prescription refill requests will not be filled on weekends or after business hours.

Please note that by law, your pet must be examined on a periodic basis for your pet's safety and to determine your pet's continued need for the prescribed drug(s). Usually, this means that your pet must be examined a minimum of once per year. However, for some medications (such as topical steroids, dry eye medications, or antibiotics), your pet may need to be reexamined more frequently than every 12 months, based on the veterinarian's recommendation.

By law, dispensed medications cannot be returned for a refund.

CONTACTING US

You may leave a message with a staff member during business hours, or on our answering machine 24/7. Messages will be answered in a timely fashion, usually on the same day or the following business day. Messages left on a Friday or on the weekend may not be returned until the next business day. Some questions or concerns will require that you make an appointment with our office. If you have an emergency, please see section on how to contact us for emergencies, above.

VETERINARY INSURANCE

We do not accept Veterinary Insurance, and we do not bill any Veterinary Insurance Plan for services rendered. It is your responsibility to contact your insurance company prior to any service we may render so you understand your allowable benefits. Please provide us with your insurance form at the beginning of your pet's appointment. After your pet's appointment, we will gladly fill out our portion of your single-form insurance paperwork, so that you may file your claim with your insurance provider.

FORMS, MEDICAL RECORDS DUPLICATION

A \$25 fee is assessed to fill out multiple page insurance forms and to replace Visit Summaries, Genetic eye screening (CERF or OFA) forms. Additional fees (per page copying fee, postage) may apply. Fees must be paid before forms are filled out or replaced.

RESPECTFUL ENVIRONMENT

The Animal Eye Care Clinic supports a respectful environment for clients and staff. Abusive language or behavior will not be tolerated and will result in dismissal from our practice. We also reserve the right to respond to any statements, comments or opinions made via social media, websites, or any other modality of communication and shall be held harmless for our responses.

ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read, I fully understand, and I agree to the terms of the Animal Eye Care Clinics' office policies. I understand that I will be charged for missed appointments, or any appointment canceled with less than 24 hours notice.

Your name (please print)

Pet's name

Signature: _____

Date: _____