



## Financial Policy

Thank you for choosing Martinez Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Martinez Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge. **Please be aware we require new clients and re-activation clients to pre-pay for their exam fee (\$75).**

MAH requires payment at the time of service. We accept the following forms of payment:

1. **Cash** - So old school, but yes, we'll be happy to take it
2. **Credit Cards**
  - All major credit cards (American Express, Discover, Visa, Mastercard)
3. **Apple Pay**
4. **CareCredit**

Please note, credit cards may be kept on file to use with your authorization to expedite check-out. If this is a service you would like to utilize, please fill out the **Credit Card Authorization Form**. **\*\*All services and charges are verified prior to payment processing\*\***

### Additional Policy Information:

Martinez Animal Hospital requires a pre-payment of the exam fee at time of scheduling an appointment for new clients and reactivation clients. **In the event you do not reschedule or cancel an appointment within 24 hours of your scheduled appointment time, there will be a fee of \$75 for a missed doctor's appointment and a fee of \$46 for a missed nursing appointment. A credit card deposit is required for clients who have missed or cancelled more than 2 appointments in a calendar year without 24 hours notice.** For inpatient exams, if you do not arrive within your scheduled drop off time, we reserve the right to reschedule your appointment and charge our missed appointment fee. In the chance a payment plan is approved, there will be additional required paperwork to fill out. If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Rates and charges as of February 2022 and are subject to change

Client signature \_\_\_\_\_ Date \_\_\_\_\_



5055 Alhambra Ave. Martinez, CA 94553  
PH: (925) 228-7100 Fax: (925) 228-8554

### Authorization for Credit Card Use

Please complete this Authorization and return to our office  
All information provided will be kept confidential

Customer name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Amex

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV (Code on back of card): \_\_\_\_\_

Amount to charge up to (Dollar amount): \_\_\_\_\_

I authorize     Martinez Animal Hospital     to charge the amount listed above to the card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Please sign and date

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Return the completed and signed form to:** Reception desk

admin@mtzanimal.com  
5055 Alhambra Ave Martinez CA 94553  
(925) 228-7100 Fax: (925) 228-8554