

ORADELL ANIMAL HOSPITAL

Oradell Animal Hospital

580 Winters Avenue
Paramus, NJ 07652-3902
(201) 262-0010

Treatment Plan and Associated Fees: Portocaval Shunt

. ABC BassetHoundRescueNy (# 290175)

PO Box 272 Primary Number: (814) 969-1918
Buffalo, NY 14225 Work Phone: () - ext:

Feb 19, 2019

**Treatment Plan
27174**

Buddy (# A)

Species: Canine
Sex: Male
Age: 1 year and 4 months old
Breed: Basset Hound
Coat Color: Red & White
Rabies Tag Number:

6 Month Exam:
Annual Examination:
Bordetella Injection:
Bordetella Intranasal:
Canine Influenza Vaccine:
Corona:

Code	Description	Low Qty	High Qty	Low Price	High Price
PORTOSHU	Portocaval Shunt Surgery	1.00	1.00	\$ 2,273.00	\$ 2,273.00
ANESSXSE	Anesthesia Induction 2	1.00	1.00	\$ 217.00	\$ 217.00
ANESMAINT	Anesthetic Maintenance	1.00	1.00	\$ 105.00	\$ 345.00
SURGFEEG	Surgical Supplies Grouping - Disposable	1.00	1.00	\$ 613.71	\$ 613.71
CATHIVFLUI	Catheter IV Fluids I	1.00	1.00	\$ 274.00	\$ 274.00
FLUIDDAILY	Fluids IV - Daily	1.00	3.00	\$ 161.00	\$ 483.00
INJMED	Injectable Medications-In Hospital	5.00	20.00	\$ 370.00	\$ 1,480.00
DAILYANGM	Daily Analgesic Meds	1.00	4.00	\$ 185.00	\$ 740.00
HOSPK9060	Hospitalization - Canine 0-60Lbs.	3.00	4.00	\$ 582.00	\$ 776.00
DAILYDREX	Daily Doctor Examination Costs	1.00	3.00	\$ 97.00	\$ 291.00
CASTO100	Castration - Canine 0-100 Lbs.	1.00	1.00	\$ 335.00	\$ 335.00

Total for Buddy: \$ 5,212.71 \$ 7,827.71

Dara Zerrenner, VMD

Total Invoice: \$ 5,212.71 \$ 7,827.71

Consent 1 of 1 for Buddy

. ABC BassetHoundRescueNy (# 290175) - Continued

PLEASE READ, FILL OUT AND SIGN THE FOLLOWING CONSENT SO THAT WE MAY PROCEED WITH THE TREATMENT PLAN AND ASSOCIATED COSTS:

The entire staff at Oradell Animal Hospital would like to thank you for entrusting your beloved pet to our care. Oradell Animal Hospital is a specialty referral hospital that is open and staffed 24 hours a day, every day. As a result, the costs associated with our specialty care may be higher than the fees you are accustomed to paying at a general practice. We fully understand that hospitalizing your pet can be a very stressful process and is often an unplanned financial burden. It is our hope that the following guidelines regarding our payment policy will answer any questions you may have. Please be advised that by signing this estimate you agree to be financially responsible for any charges that are being incurred.

I UNDERSTAND the fees represent an ESTIMATE ONLY and may be increased if other treatments/services become necessary. Our veterinarians do their best to provide an accurate estimate of your pet's treatment plan. However, based on your pet's progress, treatment plans may need to be altered. If additional services are required we will make every effort to keep you apprised of these changes.

I UNDERSTAND that a DEPOSIT equal to the low end of the Medical Care Plan is due UPON ADMITTANCE.

I UNDERSTAND that if additional treatment is needed for my pet's health, a NEW Medical Care Plan will be required.

I UNDERSTAND that the balance for all remaining services is DUE and PAYABLE upon discharge of my pet.

Oradell Animal Hospital's fee for hospitalization is per calendar day. Any pet that is admitted to the hospital prior to 9pm will be charged hospitalization for that day. Your pet will begin receiving medical treatments and have diagnostics performed upon admission to the hospital.

For your convenience we have financial consultants available seven days a week to answer any billing questions you may have. As a courtesy, we also offer daily billing updates on hospitalized cases so you know what the total balance is each day.

For any patients that can be treated on an outpatient basis payment is expected in full at the time services are rendered.

We accept cash, checks, and all major credit cards. We also offer Care Credit with select no interest payment plans. To learn more about the Care Credit plan please ask our staff and they will be glad to assist you.

The Oradell Animal Hospital administrative personnel are happy to process any insurance claim forms and mail them to your insurance carrier with a copy of an itemized invoice. However, Oradell Animal Hospital will not accept or attempt to collect payment from your insurance company. There is no third party billing. Oradell Animal Hospital is to be paid directly by you and reimbursement from the insurance company is made only to you.

Thank you for your understanding and cooperation.

I hereby authorize Oradell Animal Hospital to perform the above listed treatments, procedures, anesthesia and/or surgery on my pet. I UNDERSTAND that any procedure/anesthesia poses a risk to my pet, and that staff are to take reasonable measures in treating my pet and I accept all charges that are incurred as a result of such action. The treatments, procedures, anesthesia and/or surgery and relevant costs have been fully explained to me to my satisfaction.

I AM THE OWNER OR AUTHORIZED AGENT OF THIS PET and I am at least 18 years of age.

Please sign your name and leave a phone number where you can be reached in the signature box below:

[Signature box]

[Date box]

Signature -- 2/19/2019

Date