



HEALTH PLAN AGREEMENT

At Twin Peaks Veterinary Clinic, we are happy to offer the choice of three Health Plans for your dog or cat. A Health Plan is for only one dog or one cat per plan. This contract outlines the agreement between Twin Peaks Veterinary Clinic and the signing owner for one specific pet. The cost of each Health Plan includes an Annual Participation Charge, a percentage discount off certain Discounted Services, and special pricing for Office Visit Charges.

Each visit to our clinic incurs an Office Visit Charge as follows:

- **Veterinarian Exams**
 - Dogs and Cats 1 year of age and older at sign-up:
 - The first 3 Office Visits during 1 plan year are discounted to \$20 each
 - Each visit after 3 Office Visits during 1 plan year costs \$50 each
 - Puppies and Kittens less than 1 year of age at sign-up:
 - Each wellness/preventive care Office Visit is discounted to \$20 for the first plan year
 - Each Office Visit for sick or injured pets costs \$50 for the first plan year
- **Surgery Follow-up Appointment**
 - Surgery Follow-up Visits each incur a \$20 Office Visit Charge and do not count as one of the three \$20 Visits as long as no other services are performed at the visit.
- **Veterinary Technician Appointment**
 - Appointments with a Veterinary Technician (not a Veterinarian) incur a \$20 Office Visit charge and do not count as one of the three \$20 visits.

Each Health Plan includes the following services, as needed, during an Office Visit:

- Routine preventive care
- All recommended core vaccines and boosters for the area
- Fecal floats
- Routine deworming for roundworm and hookworm
- Heartworm tests (dogs) and FELV/FIV tests (cats)
- Nail trims
- Anal gland expression
- Discount on Heartworm prevention medication for dogs
- Euthanasia
- One of the following surgeries included per year:
 - Spay/neuter surgery
 - Dental cleaning

Discounted Services: Each Health Plan includes a discount on the following:

Extensive veterinary services provided at Twin Peaks by our doctors to diagnose or treat your pet are discounted at the rate specified by your choice of Health Plan. Examples of these services include:

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| • Microchip | • Monitoring |
| • X-rays | • IV Fluid treatment |
| • Surgery | • Laceration repair and other local anesthetic procedures |
| • Tooth extractions | • In-house hospitalization and sick/injury care |
| • In-house bloodwork | • Sedation or chemical restraint |
| • In-house diagnostic testing | • Procedures done under Anesthesia |

The following services are NOT included (nor Discounted) on the Health Plan:

- **Services performed at other clinics.**
- **Off-site diagnostic services.** Off-site diagnostic services recommended by Twin Peaks will be provided at an additional cost. This includes only those services arranged by Twin Peaks Veterinary Clinic with its providers. The client will pay Twin Peaks Veterinary Clinic directly for those diagnostic services. Examples include off-site laboratory services (including pathology, cytology, histopathology) and off-site interpretation of radiographs or other diagnostic tests.
- **Products and medications.** We offer many medications and products at additional cost in-house and online. Examples include pharmacy, E-collar and pet food.
- **Services and products not provided at our clinic.** Examples include emergency and urgent care services, alternative medicine, chiropractic, acupuncture, and cremation services
- **Specialty surgeries and diagnostics performed by a specialist in our clinic.**

Note: The examples above are not intended to be all-inclusive.

Health Plan Descriptions

Health Plan \$20/20% (dogs) or \$15/20% (cats):

- Includes a 20% discount on Discounted Services as described above
- The Annual Participation Charge is \$240 (dogs) or \$180 (cats) per year.
- The Annual Participation Charge may be paid monthly at \$20 (dogs) or \$15 (cats)
- A down payment of \$120 toward the Annual Participation Charge is due at signing for pets signing up for the first time on any Twin Peaks Health Plan. This down payment reduces the monthly payment by \$10 per month for the remainder of the first plan year.

Health Plan \$30/50% (dogs) or \$25/50% (cats):

- Includes a 50% discount on Discounted Services as described above
- The Annual Participation Charge is \$360 (dogs) or \$300 (cats) per year.
- The Annual Participation Charge may be paid monthly at \$30 (dogs) or \$25 (cats)
- A down payment of \$120 toward the Annual Participation Charge is due at signing for pets signing up for the first time on any Twin Peaks Health Plan. This down payment reduces the monthly payment by \$10 per month for the remainder of the first plan year.

Health Plan \$50/90% (dogs) or \$45/90% (cats):

- Includes a 50% discount on Discounted Services as described above for the first 30 days of the Health Plan unless the pet is renewing from another Health Plan (If renewing from another Health Plan, the discount is 90%). After the first 30 days, the discount on Discounted Services is 90%.
- Out-of-Pocket-Max \$500: Once \$500 has been paid in one plan year, the discount on Discounted Services is 100%. The Out-of-Pocket-Max only applies only to Discounted Services as described above and does not apply to Office Visit charges or plan payments. This Health Plan is the only plan that includes an Out-of-Pocket-Max.
- The Annual Participation Charge is \$600 (dogs) or \$540 (cats) per year.
- The Annual Participation Charge may be paid monthly at \$50 (dogs) or \$45 (cats)
- A down payment of \$120 toward the Annual Participation Charge is due at signing for pets signing up for the first time on any Twin Peaks Health Plan. This down payment reduces the monthly payment by \$10 per month for the remainder of the first plan year.

Eligibility Requirements

In order to sign up or re-sign up a pet on a Health Plan, all of the client's accounts must be in good standing. Additionally, a pet must meet waiting period requirements as described below.

Payment Options

The Annual Participation Charge can be paid using the options selected below. Payment method may be changed upon client request.

Payment of the Annual Participation Charge (first month's payment with a down payment or lump sum payment, depending on selected payment option) is due on the day of enrollment and is in addition to the Office Visit Charge associated with the visit.

Office Visit Charges will be paid by the client to the clinic at the time of service and may differ from the payment method used to pay the Annual Participation Charge.

Twin Peaks reserves the right to require the Annual Participation Charge to be paid as a lump sum payment for any reason.

Renewal

The Health Plan agreement is for one year and will automatically renew on the anniversary date of the original enrollment. We reserve the right to change the terms and conditions of the Health Plan at renewal. If changes are made, your Health Plan will renew to the most current Health Plan contract. You can view your renewal contract on our website (TwinPeaksVetClinic.Com) at least two months before your renewal date. The password to access the secured document is "TwinPeaks". Upon automatic renewal, payments will continue in the same manner as was previously established (i.e. monthly payments or full year lump sum) and will access funds from the same account, unless otherwise specified. Puppies/kittens will renew to adult-pet terms and conditions at renewal. Health Plans set up on lower monthly payments during the first year (due to a down payment) will renew to the full-price monthly payment associated with that Health Plan at renewal.

Clients who do not want a Health Plan to renew, would like to change to a different Health Plan, or would like to change from annual or monthly payments should contact the clinic 30 days prior to the renewal date.

Not Transferable

Health Plans may not be transferred to any other pet or client. If a pet changes owners, then the owner that signed up on the Health Plan remains responsible for payment of the Annual Participation Charge.

Cancellation or Death

In the event of death, euthanasia, or early cancellation, the client is responsible for their remaining Health Plan balance. If the Annual Participation Charge was paid in monthly installments, the client may either continue with the monthly payments until the end of the contract year or pay the remainder in one lump sum.

Waiting Period

Once any Health Plan is cancelled or not renewed, there is a mandatory one-year waiting period before that owner/household may sign up that pet on a Health Plan again. During that waiting period, that client will pay retail prices for services performed on that pet.

Declined/Missed Payments or Office Visit Charges

Fees: For each missed or declined payment or Office Visit Charge, the client will incur a \$30.00 fee from Twin Peaks. Additionally, the client will be responsible for any fees (such as insufficient funds charges) incurred by Twin Peaks as a result of declined payments.

Health Plan Services Available: Services will not be performed on the Health Plan until all of the client's accounts for all of their pets at Twin Peaks are brought up to date. This includes the payment of missed payments or Office Visit Charges, declined payments, and fees as outlined above.

Health Plan Cancellation: In the event of a missed or declined payment or Office Visit Charge, the client will be notified. The client will have 60 days from the date the payment was due to bring the account up to date. This includes the payment of missed payments, declined payments, and fees as previously outlined. If the account is not current after 60 days, the Health Plan for that pet will be cancelled and will be subject to the policies regarding early cancellation as outlined in this contract.

Collections: If the account is not current 90 days from the date the payment or Office Visit Charge was due, the remaining account balance will be sent to collections.

Aggressive/Dangerous Pets

At the discretion of the veterinarians, Twin Peaks reserves the right not to see, treat, or care for dangerous or aggressive pets.

Agreement

I agree to enroll my pet in the Twin Peaks Veterinary Clinic Health Plan, and to pay the cost according to the options checked below. I understand that Twin Peaks Veterinary Clinic will use its best efforts, according to the standards of veterinary practice to treat my pet, but that there is no guarantee of any particular outcome. I release Twin Peaks Veterinary Clinic, its veterinarians, and its staff from any and all liability for the treatment of my pet, except due to gross negligence or intentional misconduct. I understand that it is my responsibility to contact Twin Peaks Veterinary Clinic if my contact or payment information should change.

Health Plan Selection (Check one):**Dogs**

- ☐ \$20/20%
☐ \$30/50%
☐ \$50/90%

Cats

- ☐ \$15/20%
☐ \$25/50%
☐ \$45/90%

Agreement Period

First Date of Agreement _____

Last Date of Agreement _____

____ I understand my Health Plan will automatically renew on _____ (day and month) annually until I cancel my Health Plan.

Pet Information

Check One: _____ Dog/Cat over 1 year of age _____ Puppy/Kitten 1 year of age or less

Name: _____

Age: _____

Breed: _____

Twin Peaks Record#: _____

Client Information

Name: _____ Twin Peaks Client Record#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Alternate Phone Number: _____

Payment Selection for Annual Participation Charge (select one of the following):

☐ **I agree to the following terms for the first year of my Health Plan:**

- I will make the full annual payment today of
Canine: \$240 / \$360 / \$600 Feline: \$180 / \$300 / \$540
- When my Health Plan renews, my Annual Participation Charge will be paid as follows:
 - ☐ Automatic monthly payment starting next year on the first day of the month following this month.
Canine: \$20 / \$30 / \$50 Feline: \$15 / \$25 / \$45
 - ☐ Automatic annual payment next year on the first day of the month following this month.
 - ☐ I will make payment to Twin Peaks next year before/on the first day of the month following this month.

☐ **I agree to the following terms for the first year of my Health Plan:**

- I will make a down payment today of \$120
- I will have 12 payments due in the amount of
Canine: \$10 / \$20 / \$40 Feline: \$5 / \$15 / \$35
- I will pay the first payment of these payments today
- My remaining 11 monthly payments will be automatically deducted on the first day of each month (starting _____).
- I understand that when my Health Plan renews, my automatic monthly payment will change to (check one)
Canine: \$20 / \$30 / \$50 Feline: \$15 / \$25 / \$45

Card Type (Mark one): ☐ **Debit** ☐ **Credit:**

Card company (circle one): **Visa** **MasterCard** **American Express** **Discover**

Name of financial institution issuing credit card: _____

Signed

Client Signature: _____ Date: _____

Twin Peaks Veterinary Clinic Signature _____ Date: _____

Printed Name of Staff Member Signing Agreement _____