



**NEW ACCOUNT APPLICATION** Date: \_\_\_\_\_

Hospital Name _____
Address _____ _____
Phone _____ Fax _____
Referring Veterinarian _____
Associate Veterinarian(s) _____
Associate Veterinarian(s) _____ _____

Email address _____ (for receipts and/or payment information)
Secondary Email address _____ (if necessary for reports)

I would like to request a referral account to Collin County Veterinary Imaging Center to provide advanced imaging for my patients. I understand that payment for imaging services are due at the time of each request and that a charge on the provided card will be reflected the day such requested procedures are performed. I understand that to expedite such requests that my payment information may be stored in secure coded software to be accessed only by administration for purposes of remittance for service. If I am not comfortable with the storage of such personal information on site, I understand that I will need to provide the information to the Collin County Veterinary Imaging Center on an ongoing as needed basis. If I do not wish to pay with a credit card, I understand that invoices sent to me will be paid with a check.

Name of person to contact regarding invoicing and payments: \_\_\_\_\_

\*\*I understand that the sonographers, staff and doctors on site are NOT board-certified radiologists. However, any imaging studies performed will be submitted to a board-certified radiologist for interpretation.

\*\*Imaging results will not be discussed with your client without your approval.

Printed Name _____	Signature _____	Date _____
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Please fax to (469) 795-9143 or email your completed form to [info@ccvic.us](mailto:info@ccvic.us) and we will reach out to you shortly for completion of the application process including method of payment.

Collin County Veterinary Imaging Center / 5353 Independence Pkwy. Ste. 100 / Frisco, TX 75035  
P: (469)795-9142 F: (469)795-9143 / Email: [info@ccvic.us](mailto:info@ccvic.us) / Website: [www.ccvic.us](http://www.ccvic.us)