



New Client Memo

Classification	ID	Revision	Effective Date
S-ADM-A	11402	7	9/14/2020 10:30:59 AM

Dear Prospective Client:

We appreciate your interest in utilizing the Texas A&M Veterinary Medical Diagnostic Laboratory's services. We are committed to providing accurate, rapid, state of the art services, which are also affordable to clients. Below are some items that will help us to provide you with the best service possible.

To use TVMDL for your testing needs, please complete the enclosed New Client Form and return it to our Finance section via fax at 979.458.3260, or mail the form to TVMDL in College Station, Texas, at the PO address listed below.

When testing on each submission is complete, you will receive a final report and a record of charges associated with that case via email. Please wait until the end of the month and utilize your final monthly invoice to pay your account. All payments will be applied to the oldest charges first.

A final monthly invoice is sent on the first working day of each month via email. It will provide the activity on your account for the prior month. The balance of your bill will be due by the end of each month to avoid finance charges. Finance charges of .833% per month (10% annual rate) are assessed on all outstanding charges older than 30 days.

It is important when submitting any payment to reference your TVMDL account number, either by enclosing your monthly payment stub, or including the account number in the memo section of your payment. TVMDL accepts VISA, MasterCard, Discover, and American Express credit card payments. Credit card payments may be made online at <http://tvmdl.tamu.edu>, through access to your TVMDL client portal, or by phone at 979.458.3207. We encourage you to sign up for automatic payments, by using the Auto Pay Enrollment form.

A list of tests offered by TVMDL along with pricing information, required specimens and turn-around times is available through the search option on our home page at tvmdl.tamu.edu. You are able to search by laboratory section, test, condition or species.

TVMDL reserves the right to deny service to any account with a past due balance or with a delinquent payment history.

Please contact our Finance section at 979.458.3207 if you have any questions.

Bruce L. Akey, MS, DVM
TVMDL Director

PO Drawer 3040
College Station, TX 77841-3040

483 Agronomy Rd, TAMU 4471
College Station, TX 77840-4471

Tel. 979.845.3414
Fax. 979.458.3260
<http://tvmdl.tamu.edu>



New Client Form

Classification	ID	Revision	Effective Date
S-ADM-F	11406	10	9/14/2020 10:29:29 AM

Texas A&M Veterinary Medical Diagnostic Laboratory

PO Drawer 3040, College Station, TX 77841

Billing Phone: 979-458-3207 • Fax: 979-458-3260 • Email: Payments@tvmdl.tamu.edu

Clinic/Company or Client Name: _____ Owner: _____

*SSN or Federal Tax ID (required by State of Texas⁹) _____

Ship to Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Ph: _____ Fax: _____ Reporting E-Mail: _____

Billing Address (if different): _____

City: _____ County: _____ State: _____ Zip Code: _____

Ph: _____ Fax: _____ Billing E-Mail: _____

Note: As an account holder with TVMDL, all billing correspondence and reports will be sent via **e-mail**. You will also receive secure online access to your client portal and have access to case reports, invoices, and online bill payment.

How did you hear about Texas A&M Veterinary Medical Diagnostic Laboratory (TVMDL)?

Online Other Veterinarian Other Laboratory Trade Show Other: _____

Terms & Conditions:

- Services supplied by TVMDL are subject to the terms and conditions set below. Any modification of such terms will void this form. Submitting the application does not guarantee approval.
- The balance of each Final Monthly Invoice is due by the last day of each month to avoid finance charges. Payment must be received prior to the next billing cycle, which is the first working day of each month.
- Finance charges of 0.833% per month (10% annually) are assessed on all charges older than 30 days. Your account will be suspended if your balance becomes past due. It is **your** responsibility to keep our files updated with your most current billing address and phone number. TVMDL must be notified of change of ownership of clinic.
- Payments are accepted online or over the phone with Visa, MasterCard, Discover, or American Express; or by check or money order through the mail. Please mail payments to the College Station location only.
- Payments are applied to the oldest charges first.
- If your payment does not specify an account number, accession number or final invoice number, it may be returned to you.**
- TVMDL reserves the right to revoke your charging privileges at any time.
- Final monthly invoices are only delivered by e-mail.** The final monthly invoice will be delivered to the billing email address provided on this form.
- State of Texas Government Code 403.031(c), 2107.004, and 403.055 requires state agencies to collect this information in the event of delinquency.

I have read, understand and accept the terms stated within this form, and have provided true information to the best of my knowledge. By signing this form, I/We guarantee payment for all services received.

Authorized Signature

Title

Date

***This form cannot be processed without a signature and Federal Tax ID/Social Security Number.
Fax or mail your completed form to TVMDL.**

Visit our website at <http://tvmdl.tamu.edu> for pricing, sample requirements and testing turnaround times.



Auto Pay Enrollment Form

Classification	ID	Revision	Effective Date
S-ADM-F	11413	6	9/14/2020 10:32:18 AM

Texas A&M Veterinary Medical Diagnostic Laboratory

PO Drawer 3040, College Station, TX 77841
Billing Phone: 979-458-3207 • Fax: 979-458-3260 • Email: Payments@tvmdl.tamu.edu

TVMDL AUTO PAY ENROLLMENT FORM*

*NOT available for Pre-Pay or One time Accounts

You will be enrolled in TVMDL's automatic payment plan. This a free service to our account holders. Your credit card will be charged by the **5th** working day of the month, following the monthly invoice. This agreement may be cancelled by the client by providing TVMDL **written** notice 30 days in advance of the cancellation date.

CREDIT CARD BILLING INFORMATION (Please Print Neatly):

Clinic/Company, or Client Name:			
TVMDL Account Number*	<i>(Will be generated by TVMDL.)</i>		
Cardholder's Name:			
Credit Cards Accepted:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Credit Card Number:			
Expiration Date:		CV2 (Security code on back):	
Billing Address:			
City, State, Country:			
Zip / Postal Code:			
Phone Number:			
Email:			

Card Holder's Signature/Authorization: _____ Date: _____

I authorize TVMDL to charge my credit card specified above for all fees due each month for diagnostic services requested.

This form must be filled out completely and returned by fax or mail to TVMDL.