

REQUEST FOR CONCILIATION AND ARBITRATION OF AN ACCOUNT

I, undersigned _____
(Name of client)

residing at _____
(Address of client)

declare that Dr. _____
(Name of veterinarian)

whom I consulted at _____
(Address of veterinary facility)

is requesting the sum of: _____ \$ (Amount charged)

for professional services rendered on: _____
(Indicate all the dates for which fees were charged)

as indicated in: (Check the box that applies)

- ☐ The invoice attached to this form.
☐ The document attached to this form showing that the amount has been levied or withheld.

I dispute this invoice for the following reason(s):

Regarding the professional services listed in the invoice: (Check the box that applies)

- ☐ I have not paid this invoice and wish to have the amount reduced to \$ _____
☐ I have paid this invoice in whole and wish to be reimbursed the sum of \$ _____
☐ I have paid part of this invoice in the amount of \$ _____

In accordance with the *Regulation respecting the conciliation and arbitration procedure for the accounts of veterinarians* (c. M-8, r.15), I am asking the Syndic for conciliation in connection with this account.

Signed on: _____ Signature: _____

Delays:

- a) In the case of unpaid accounts, you can ask the Syndic for conciliation as long as the veterinarian has not taken legal action to recover the unpaid sum.
b) In the case of accounts paid in part or in full, you can ask the Syndic for conciliation within 45 days of receiving the invoice.

Please send your application to the Office of the Syndic:

800 Avenue Sainte-Anne, Suite 400, Saint-Hyacinthe, Québec J2S 5G7
Telephone: 1 800 774-1427 ext. 248 Fax: 450 771-0131 bureau.syndic@omvq.qc.ca