

SAMPLE PAYMENT AGREEMENT

Date: _____

Name

Address

City, State, Zip Code

Dear _____,

As we discussed today, you will be sending us monthly payments until the balance is paid.

Please sign the agreement as outlined below and return to me in the self-address envelope enclosed.

If you have any questions, please feel free to call me at _____
_____.

Sincerely

Patient Account Representative

PAYMENT AGREEMENT

I, _____, agree to pay the sum of \$_____ per month to be applied toward my account. This amount is due on the _____ day of each month, beginning _____, 2000 and will continue until my account is paid in full.

I understand if I fail to make these scheduled payments, my account will be turned over to an outside agency.

SIGNATURE: _____ DATE: _____

Relationship to patient if different _____