

Patient Payment Plan Agreement

This **Patient Payment Plan Agreement** ("**Agreement**") is entered into on by and between the parties below:

Practice

Patient

If the Patient is a minor or lacks legal capacity, ("**Responsible Party**") enters into this Agreement on the Patient's behalf.

WHEREAS, the Practice has provided or will provide healthcare-related services to the Patient; and

WHEREAS, the Patient or Responsible Party wishes to pay the outstanding balance under the payment arrangement described below.

The parties agree as follows:

1. Outstanding Balance

The Patient or Responsible Party acknowledges that the amount currently owed to the Practice is:

Description	Amount
Total account balance	
Less insurance payments or adjustments received	
Less payment made at signing	
Balance subject to this Agreement	

The balance may be adjusted if an insurance claim is later paid, denied, reversed, or corrected, or if additional charges are properly added to the Patient's account.

2. Payment Plan

The Patient or Responsible Party agrees to pay the balance according to the following schedule:

Payment Due Date	Payment Amount	Payment Method

Payments must be received by the due dates stated above. The Patient or Responsible Party may pay the remaining balance early without penalty.

3. Payment Method

Payments must be made by . If the Patient or Responsible Party authorizes recurring card, bank account, or other electronic payments, that authorization must be documented separately and may be revoked as permitted by applicable law and the payment provider’s requirements.

The Patient or Responsible Party is responsible for keeping current payment and contact information on file with the Practice.

4. Insurance and Third-Party Payments

This Agreement does not guarantee insurance coverage or limit the Patient’s or Responsible Party’s financial responsibility. The Patient or Responsible Party remains responsible for all amounts not paid by insurance, a health plan, government program, or another third party.

If the Practice receives a payment from an insurer or other third party that reduces the balance covered by this Agreement, the Practice will apply the payment to the account and revise the remaining balance or payment schedule as appropriate.

5. Returned or Failed Payments

If a payment is returned, declined, reversed, or otherwise unsuccessful, the Practice may charge a returned-payment fee of \$, to the extent permitted by applicable law. The Practice may also require future payments to be made by another method.

6. Late Payments and Default

A payment is late if it is not received within days after its due date. If the Patient or Responsible Party fails to make a required payment, the Practice may provide written notice of default and an opportunity to cure the missed payment within days.

If the default is not cured within that period, the Practice may declare the remaining unpaid balance immediately due, discontinue the payment plan, and pursue lawful collection efforts. Any collection costs, fees, or interest charged to the Patient or Responsible Party will apply only to the extent permitted by applicable law and any applicable patient financial policy.

7. Effect on Future Services

This Agreement concerns payment for services and does not alter the Practice's professional obligations regarding emergency care or other services required by applicable law. The Practice may require payment arrangements for non-emergency future services, subject to applicable law, professional standards, and the Practice's policies.

8. Changes to the Agreement

Any change to the payment amount, due dates, or other terms of this Agreement must be approved by the Practice and documented in writing. A temporary acceptance of a late or partial payment does not waive the Practice's right to enforce this Agreement.

9. Privacy and Communications

The Practice will handle Patient information in accordance with applicable privacy laws and its privacy practices. The Patient or Responsible Party authorizes the Practice to contact them regarding account balances, payments, and this Agreement using the contact information provided to the Practice, subject to applicable law.

10. No Waiver

If either party does not enforce a provision of this Agreement at any time, that does not prevent the party from enforcing the same or another provision later.

11. Governing Law

This Agreement is governed by the laws of , without regard to rules that would require the application of another jurisdiction’s laws.

12. Entire Agreement

This Agreement states the complete payment arrangement between the parties for the balance identified above. It does not replace any separate consent, treatment, privacy, or financial responsibility documents signed by the Patient or Responsible Party.

13. Acknowledgment

By signing below, the Patient or Responsible Party confirms that they have reviewed this Agreement, understand the payment obligations, and agree to make payments as stated.

Signatures

Practice

Name

Date

Signature

Patient / Responsible Party

Name

Date

Signature



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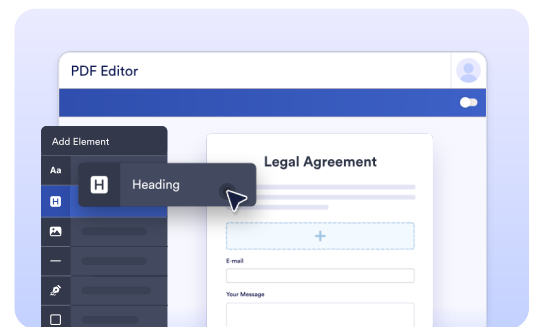
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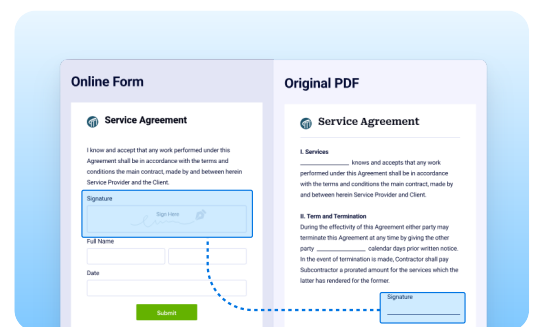
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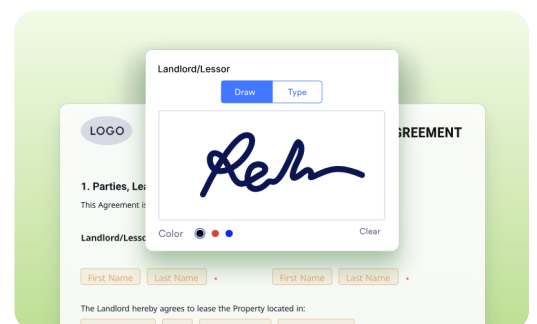
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