

Gruene Lake M E D I C A L

948 Gruene Rd, Ste. 140
New Braunfels, TX 78130

Phone# (830) 627-2700
Fax# (830) 627-2701

Payment Agreement Plan

I have received all charges for services rendered. My balance of \$ _____ to my knowledge, is correct. Although I have been encouraged to pay the entire balance in full, I have elected to make monthly payments as outlined below.

Beginning Balance: \$ _____ Date of Service: _____

Number of Monthly Payments: _____ Amount of each Payment: \$ _____

Today's Payment: \$ _____
(No arrangements will be accepted without initial payment)

Next Payment Date: _____

Disclaimer: Failure to comply with the above terms will constitute breach and will void this payment plan.

I understand my account will be considered delinquent if my scheduled payment is more than four days late. The practice has acknowledged their willingness to work with me but expects upfront communication regarding all outstanding balances. **If payment and/or communication has not been received after 60 days, the balance will be referred to third party collections where I understand that I am legally responsible for all collection costs involved with the collection of this account, including all court costs, reasonable attorney fees and all other expense incurred with collections if I default on this agreement.** I further understand that failure to meet the prescribed payment schedule can result in listing of this debt with local, regional and national credit reporting agencies, and it may have a negative effect in the granting of future credit.

I have read the above description of the arrangement and agree to its terms.

Patient Name: _____

Patient Signature: _____

Account Number: _____

Date: _____

Authorizing Signature for the Practice:

_____ Date: _____

All Arrangements are to be Signed Before Services Are Rendered