

COLLECTION POLICY

PROMISE TO PAY Arthritis Associates of Kingsport

Installment note

I PROMISE TO PAY Arthritis Associates:

1. Collection policy: Co-pays are due at time of service. If unable to pay all other estimated charges at time of service *25% down payment* and minimum monthly payments of *25% due by the end of each month*. Account balances of *\$100 or less* require minimum payment of *\$25 per month*.

2. Uninsured Policy: Payment made in full at time of service receives a *25% discount*. If unable to pay in full *25% down* and minimum monthly payments of *25% due by end of each Month*.

3. 24-hour cancellation policy – If you no show for your appointment you will be charged \$25. This policy is in place out of respect for our physicians and their patients. Cancellation without *24 hours' notice* is difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from being able to schedule. By initialing you acknowledge you have read and understand the cancellation policy as described above. _____

4. Collection Agency- If you fail to make any of the *agreed payments* our pre-collection department will submit *all unpaid balances* to an outside collection agency and any future scheduled *appointments* will be *cancelled*. By initialing you acknowledge you have read and understand the cancellation policy as described above. _____

(Printed) Patient – Last Name, First Name, MI

Signature of patient or person authorized by law

DOB: _____

Street Address, City, State, Zip Code

Witness Signature

Date Signed