PAYMENT PLAN

Patient's Name: ______________________________ Date: ____________________________

Balance: __________________________________ Owed To: __________________________
(Doctor or Practice Name)

The above-named patient (or guarantor) agrees to make monthly payments on the past due balance of this account. Payments will be made on or before the ____________ day of each month. **The minimum monthly payment for balances $500.00 or more is $50 a month.** Failure to meet this obligation will make the agreement null and void and the practice will then reserve the right to make a "Demand for Payment" on the remaining balance.

While on a payment plan I am required to pay the current visits copay, deductible, or coinsurance at the time of service.

Payment by Check: The patient will issue post-dated checks for agreed upon amounts and will be deposited on those dates.

Receipts for payments will be mailed/emailed depending on preference once payment is completed.

Minimum monthly payment agreed upon: $ ________________________ __

ALL FURTHER CHARGES WILL BE PAID AT THE TIME OF SERVICE (co-pay, co-insurance, self-pay, deductible)

_________________________ _________________________
Signature (Patient/Guarantor) Date

_________________________ _________________________
Signature (Authorized Employee) Date

2366 Eastlake Ave E, Suite 428, Seattle, WA 98102
P: 1 (206) 402-3375 | F: 1 (206) 492-2020 | www.psychiatrynorthwest.com

Pre-Authorized Use of Credit/Debit Card

I   authorize Psychiatry Northwest to keep my debit/credit card on file and charge for the monthly payment of:

$________________________

I understand that this form is valid for one year unless I cancel the authorization through written notice to the healthcare provider.

____
Patient Name

____
Cardholder Name

____
Cardholder Address

____
City   State   Zip

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Information will be shred once entered into payment system

Patient Name

Cardholder Name

Cardholder Address

City | State | Zip

Debit/Credit Card number | CCV | Expiration Date

Cardholder Signature | Date

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