

Diversified Financial Arrangement Agreement

This payment agreement is a contract between provider and patient whereby the patient's agrees to pay their account balance within a reasonable time period. The agreed upon payment amount must be made monthly. If, due to extenuating financial circumstances, the patient or responsible party is unable to afford such monthly payments to bring account to zero alternative payment arrangements must be approved by the Client.

Client Name: _____

Patient Name: _____ Account #: _____

Date: _____

Balance Due: _____

Total Months: _____

Monthly Payment: _____

Payment Due Date: _____

Patient Signature: _____

Client Signature of approval: _____

DHCM Office Use Only: Once the payment agreement is established a Financial Arrangements' Contract must be entered to the appropriate patient account referencing this agreement. A financial arrangement transaction is posted in MedEase to track patient payment. The patient must understand that any payment missed according to the agreement above, may be at risk for further collection action according to the Client's Collection Policy.