

Valley Bone & Joint Clinic

3035 DeMers Ave.

Grand Forks, ND 58201

Phone: 701-402-0112 / Fax: 701-795-2553

PAYMENT AGREEMENT

PATIENT NAME: _____

RESPONSIBLE PARTY NAME: _____

PATIENT ACCOUNT NO: _____

BALANCE DUE ON ACCOUNT: \$ _____

PLEASE RUN A CREDIT CARD PAYMENT ON THE _____ DAY OF EACH MONTH
IN THE AMOUNT OF: \$ _____.

CREDIT CARD: VISA MASTERCARD DISCOVER

CREDIT CARD#: _____

CREDIT CARD EXPIRATION: _____

I agree to allow Valley Bone & Joint Clinic to process a credit card payment according to the above-mentioned plan until my account balance is paid in full. My failure to make payment available without notification to the Billing Department at Valley Bone & Joint Clinic may result in further collection action. Valley Bone & Joint Clinic will have full discretion for unpaid accounts and will take necessary action to collect any unpaid balances.

Patient or Responsible Party Signature

Date

VBJC Business Office Signature

Date

Please mail agreement to the above address Attention: Business Office