

# 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: \$ \_\_\_\_\_.

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CREDIT CARD:    VISA            MASTERCARD            DISCOVER

CREDIT CARD#: \_\_\_\_\_

CREDIT CARD EXPIRATION: \_\_\_\_\_

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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.

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Patient or Responsible Party Signature

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Date

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VBJC Business Office Signature

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Date

\*\*Please mail agreement to the above address Attention to the Business Office\*\*