



PAYMENT PLAN

This is a payment agreement between _____
(the Patient/Guarantor) and Allergy & Asthma Consultants of Montana (AACMT).

It is AACMT's financial policy to charge 15.99% interest on patient balances older than 90 days. In an effort to help patients who cannot pay in full, this short-term payment plan waives the high interest rate in exchange for a small monthly fee. If the patient's total balance is settled prior to the end of the Payment Plan Term, no additional fees will be charged.

Current balance: _____

Monthly administrative fee: \$10.00

Minimum monthly payment: _____ 1st automated payment date: _____

Payment Plan expires (the Term): _____

Any charges accrued after the date of this plan will be paid at the time of the service. I understand that if I am participating in Immunotherapy, AACMT will not mix new serum until the account balance has been paid in full.

By signing this contract, I authorize AACMT to securely store my credit/debit card information with its credit card processor, Heartland Payment System (HPS), and transact the agreed amount over the course of the Term. I have been informed that HPS is fully PCI compliant and meets all data security standards, and my credit information is secure. I understand that if my payment cannot be processed and AACMT is unable to contact me, then this contract will be void and AACMT may make a demand for payment in full on the remaining balance.

I understand that I am responsible for tracking my balance; if AACMT is unable to collect payment in full by the end of the Term, AACMT reserves the right to send the remaining balance for collection. I understand that I will be responsible for reasonable collection fees, attorney fees, and court cost as permitted by law, if such are incurred by AACMT.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE TERMS

PATIENT/GUARANTOR SIGNATURE _____ **DATE** _____
(GUARDIAN SIGNATURE IF PATIENT IS UNDER 18)

PRINTED NAME OF SIGNER _____

Please check here if you would like your receipts emailed to you after each payment:

Email Address

Please check here if you would like opt out of your monthly mail statement. You will be notified when your Payment Plan Term is completed.