Alpine Foot & Ankle Clinic
FOOT & ANKLE CARE FOR THE WHOLE FAMILY

Updated 8/2023

PAYMENT AGREEMENT CONTRACT

PLEASE RETURN THIS CONTRACT BY:

_____ WITH YOUR NEXT PAYMENT

PATIENT NAME:_____

RESPONSIBLE PARTY (if applicable):_____

MEDICAL RECORD NUMBER (MRN):_____

DATE(S) OF SERVICE:_____

ADDRESS:_____

PHONE NUMBER:_____

- I, _____ (responsible party) agree to pay Alpine Foot & Ankle Clinic $_____ a month until my balance is paid in full.
- I understand my balance **must** be paid in full within 3 months of this contract.
- I understand that in the event I incur additional charges in the future causing my balance to increase, the monthly payment may be adjusted, and a new contract will need to be completed.
- Please complete the form on the back of this agreement if you would like us to automatically charge your credit card each month.
- **If I am having financial difficulty and cannot make my monthly payment, I will notify Alpine Foot & Ankle Clinic as soon as possible.**
- **If my account is 30 days delinquent without a payment, it will be sent to our Collection Agency.**

Signature:_____ Date:_____
Patient (18 or older)

Signature:_____ Date:_____
Responsible Party (if patient 17 or under)

Signature:_____ Date:_____
Alpine Foot & Ankle Clinic TEAM

Dr. G. Gregg Neibauer, DPM
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Automatic Payment Plan

Authorization Agreement

I authorize Alpine Foot and Ankle Clinic to automatically charge my credit card listed below for the monthly amount of $_____ agreed upon in my payment agreement contract. This withdrawal will occur on the _____ day of each month until my balance is paid in full.

Card Number	Expiration Date	Security Code	Zip Code

I understand that if my credit card is declined, my agreement is null and void and my account may be sent to collections unless I contact Alpine Foot and Ankle Clinic with an alternative form of payment.

Name as it appears on card: _____

Authorized signature: _____

*The regular payment agreement contract is based on a 3-month payment plan. If you are completing this automatic payment plan agreement, you may enter a lesser amount as long as your balance will be paid within 6 months.