GEC
GainesvilleEndoscopy Center
2324 Limestone Overlook
Suite 200 Gainesville, GA 30501

GA
GastroenterologyAssociates of Gainesville, P.C.

BEC
BraseltonEndoscopy Center
1515 River Place Suite 320
Braselton, GA 30517

Gastroenterology Associates of Gainesville, P.C. understands, with any medical procedure, the patient may be subject to an out-of-pocket expense. **In order to assist our patients and to ensure a medical procedure is not delayed due to financial reasons, our practice offers payment plans.** If there is a remaining balance after insurance has been processed we will accept monthly payments. **Our practice requests a minimum payment of $50 a month in order to be eligible to set up a payment plan.** You can set up a payment plan by completing the below information and mailing in this form. **If you have additional questions regarding your balance, please contact our billing department at 678-997-2100.**

ENDOSOCPY CENTER PAYMENT AGREEMENT

Date: ____________________ **MRN #** _____________________

Patient Name: ____ **DOB:** __________________________

Account Balance: $________________________

I agree to make a $ __________ payment each month on the above balance. The payments will be due on the ______________ of each month and will begin on _______________.
I understand that if I miss making my regular monthly payment that this payment agreement is voided and the remaining balance on the account will be due in full.

I understand that if services are rendered to me from this date on, my account balance may increase and that I am responsible for the total balance(s) of the account(s).

I understand that if I break my agreement to make payments as promised, my account will be turned over to collections and that I will be responsible for any fees associated with the collection of the debt.

___________________________________ ____________________

Patient / Guardian Signature **Date**

___________________________________ ____________________

Employee **Date**

Please address envelope and/or checks to the entity where your procedure was performed:

GEC GainesvilleEndoscopy BEC BraseltonEndoscopy

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