

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.**

## OFFICE 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 envelopes and/or checks to Gastroenterology Associates of Gainesville, P.C.:*



GastroenterologyAssociates

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