Payment Plan Agreement

RIVER CITIES INTERVENTIONAL PAIN SPECIALISTS

I, _____, the patient, (Account # _____) understand that I am agreeing to the following payment plan between myself and River Cities Interventional Pain Specialists. I further understand that I must sign this agreement for it to be valid. All balances must be paid within the timeframe listed below. All unpaid balances 30 days or older will be considered for third party collections.

1. In today's economic times, we understand the hardships you may be going through, and we want to work with you to resolve your balance. The Patient Financial Coordinator will work with you so that you are able to understand the reason for your balance and determine a monthly payment amount that is manageable for your needs.

2. Current Account Balance is $_____ as of (date) _____.

   Are claims still pending with insurance? (Circle) Yes No

3. I further understand that if claims are still pending with insurance at this time that I may owe an amount in addition to the amount listed above and furthermore, agree to pay that amount based on this plan as well.

4. The monthly payment will be $_____and payment will be due on the _____ of each month. I understand that my options for remittance of payment are:
   a. Recurring monthly payments via credit card on file (*Authorization Agreement for Recurring Monthly Payments form to be completed*),
   b. Call the business office on or before the due date to pay by phone, or
   c. Mail a check to the address below:

      RCIPS Billing Dept.
      8731 Park Plaza Dr.
      Shreveport, LA 71105

5. Any questions or concerns that I may have had concerning this agreement were answered or discussed with one of the staff members at River Cities Interventional Pain Specialists. If this agreement needs to be altered at any time, I will contact the Patient Financial Coordinator at (318) 797-5848 opt. 4 to discuss further options.

Patient/Guarantor Name	Patient Date of Birth	Patient/Guarantor Signature
Date		Witness: Staff of RCIPS Signature