

# Pediatric Associates of West Tennessee, PLLC

## Payment Agreement

Our payment agreement is as follows:

- According to insurance guidelines, insurance co-pays are due upon arrival for your office visit.
- We will file claims with your insurance company (s) as a courtesy to you. After we have received an explanation of benefits and/or payment from your insurance company, we will bill you the amount that your insurance company states is your responsibility. This includes fees for services and deductibles not met. If the balance **can not** be paid in full in 90 days, interest at the rate of 1.5% per month will be charged on the unpaid balance.
- If you do not have insurance, payment agreements can be made with the understanding that after 90 days, any unpaid balance will be charged interest at the rate of 1.5% per month.
- In the event that it becomes necessary to turn your account over to an attorney or collection agency for collection, you will be responsible for all expenses and costs of collection including attorney's fees and court costs.

I have read and understand the payment agreement of Pediatric Associates of West Tennessee, PLLC, and agree to and accept the terms stated therein.

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Patient Name

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Date

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Person responsible for account (Relationship to patient)

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Date of Birth