

**FINANCIAL AGREEMENT**

PATIENT ACCOUNT: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_

For services rendered by the Medical Office of Sarah B. Kline, MD Women's Health Care LLC, the undersigned has incurred a balance of \$ \_\_\_\_\_. This balance excludes any amount due by the patient that may be pending insurance payment. An initial payment of \$ \_\_\_\_\_ shall be due on \_\_\_\_/\_\_\_\_/\_\_\_\_. \$ \_\_\_\_\_ shall be due and payable on or before the \_\_\_\_ day of each month until balance is paid in full. The undersigned understands no further balances may be incurred until the account balance is paid in full or a new agreement is completed.

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Office Representative

\_\_\_\_\_  
Date

*Payment for services is expected at the time of service. This agreement has been extended to you, the patient, as a courtesy of the office of Sarah B. Kline, MD Women's Health Care LLC*

*Each payment shall be credited towards the balance due. Interest shall be waived as long as the payments are made according to the signed agreement.*

*Should it become necessary to initiate collections proceedings through an outside collection agency or litigation, the patient or guardian hereby understands and agrees to pay all costs associated with such collection, including attorneys and any other applicable costs.*

MASTERCARD                      VISA                      DISCOVER                      BILLING ZIP CODE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ SEC CODE \_\_\_\_\_

I authorize Sarah B. Kline, MD Women's Health Care, LLC to charge my credit card in the amount of:

\$ \_\_\_\_\_

Sarah B. Kline, MD Women's Health Care LLC, may charge my credit card:

\_\_\_\_\_  
*Initials*                      One time only on \_\_\_\_\_

\_\_\_\_\_  
*Initials*                      On the \_\_\_\_\_ day of each month for the month until the balance is paid in full.

\_\_\_\_\_  
Signature of cardholder

\_\_\_\_\_  
Date