

Healthcare Payment Plan Agreement

Date: _____

Patient Name: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Agreement Details

This Payment Plan Agreement ("Agreement") is made between [**Healthcare Provider Name**] ("Provider") and [**Patient Name**] ("Patient") for preventive health services.

Services Provided

The following preventive health services will be provided:

- Annual physical examination
- Vaccinations
- Screening tests

Total Cost

The total cost of the services is: \$_____.

Payment Plan

The Patient agrees to pay the Provider in the following manner:

- Initial Payment: \$_____ due by _____.
- Subsequent Payments: \$_____ due on the _____ of each month.

Terms and Conditions

1. Payments are due on or before the specified dates.
2. Late payments may incur a fee of \$_____.
3. If the Patient fails to adhere to the payment plan, Provider reserves the right to pursue collection actions.

Acceptance

By signing below, both parties agree to the terms outlined in this Agreement.

Patient Signature Provider Signature

Date: _____ Date: _____