

Financial Agreement Form

Patient Name _____ Date _____, 200__

Total fee for service	\$ _____
<i>less</i>	
Initial deposit of	\$ _____
Balance to be financed	\$ _____

Balance will be paid in _____ installments of \$ _____ on the _____ of each month. Payments are scheduled to begin _____, 200__.

Patient Signature _____ Date _____

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