**Deschutes Rim Health Clinic**

1605 George Jackson Rd

PO Box 219

Maupin, Oregon 97037

Phone: 541-395-2911

Fax: 541-395-2912

Payment Plan Agreement

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guarantor (if different than patient): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Balance Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payments are due each month until the balance is paid in full. Deschutes Rim Health Clinic will work with you to ensure your monthly payments are affordable and financially acceptable for the clinic. However, if a monthly payment is not made and the clinic is not contacted with a valid reason for the missed payment, the account could be turned over to collections.

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Patient/Guarantor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Representative Name Date