



Payment Plan Agreement

I. THE PARTIES. This Payment plan("Agreement") dated _____, 20____, is by and between:

Creditor; White River Health District dba Deschutes Rim Health Clinic, with a mailing address of PO Box 219 , City of Maupin, State of Oregon, Zip 97037 and

Debtor; Patient/Guarantor Name _____,
with a mailing address of _____,
City of _____, State of _____, Zip _____

Agree to the following:

II. BALANCE. At the time of this Agreement, the Debtor owes the Creditor the amount of _____ Dollars (\$ _____) ("Current Balance") for: (check one)

- an Outstanding Balance.
- Medical and/or Dental Services.

III. REPAYMENT PLAN. To satisfy the Amount Owed, the Debtor agrees to repay the Creditor under the following terms:

a.) Down-Payment. The Debtor shall pay: (check one)

- Down-Payment of \$ _____.
- No Down-Payment.

b.) Monthly billing fee: The Amount Owed shall: (check one)

- \$3.95 monthly billing fee
- Not bear interest.

c.) Repayment Period. The Debtor shall re-pay the Creditor on a: (check one)

- Monthly basis beginning on _____, 20____, in the amount of \$ _____ to be paid on the ____ of every month ending when the Amount Owed is paid-in-full.

IV. LATE PAYMENT. Any partial or late payment under this Agreement shall: (check one)

- Not be allowed and consider the Debtor in default and full amount will be payable within 14 days. If not paid account will be turned over to collections per policy.

V. ENTIRE AGREEMENT. This Agreement replaces all previous discussions, understandings, and oral agreements. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Oregon ("Governing Law").

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the undersigned dates written below.

Debtor's Signature: _____ **Date:** _____

Print: _____

Creditor's Signature: _____ **Date:** _____

Print: _____