

### ***Diversified Financial Arrangement Agreement***

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This payment agreement is a contract between provider and patient whereby the patient's agrees to pay their account balance within a reasonable time period. The agreed upon payment amount must be made monthly. If, due to extenuating financial circumstances, the patient or responsible party is unable to afford such monthly payments to bring account to zero alternative payment arrangements must be approved by the Client.

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Date: \_\_\_\_\_

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

Total Months: \_\_\_\_\_

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

Payment Due Date: \_\_\_\_\_

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

Client Signature of approval: \_\_\_\_\_

**DHCM Office Use Only: Once the payment agreement is established a Financial Arrangements' Contract must be entered to the appropriate patient account referencing this agreement. A financial arrangement transaction is posted in MedEase to track patient payment. The patient must understand that any payment missed according to the agreement above, may be at risk for further collection action according to the Client's Collection Policy.**