

Credit Card Installment Agreement Payment Plan

Please complete the information below to validate our mutually agreeable payment plan:

| | | | | |
|---------------------|--------------------|----------------|------|--------|
| PATIENT FIRST NAME: | PATIENT LAST NAME: | DATE OF BIRTH: | DOS: | ACCT:# |
|---------------------|--------------------|----------------|------|--------|

Payment Amount: _____ Payment Frequency: _____

of Payments: _____ Start Date: _____

Total Due: _____

Payment Plan Schedule Notes:

I, _____, authorize Integrated Surgical Institute or its associated billing company to charge my account indicated below to discharge the above debt for the surgical services provided on _____, using installment payments in the amount and schedule indicated.

Billing Address: _____

Phone Number(s): _____

Email: _____

| | | | | |
|------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|
| Account Type: | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
| Cardholder Name: | _____ | | | |
| Account Number: | _____ | | | |
| Expiration Date: | _____ | Security Code: | _____ | |

Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment date(s) fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing which ever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated in this form.