Payment Plan Medcorps Asthma and Pulmonary Specialists Services

I agree to pay for the services rendered by Medorps Asthma and Pulmonary Specialists, as indicated below.

Current balance is _____ as of _____ which has been outstanding for _____ days with

claims pending ◯ YES ◯ NO

I further understand that if claims are still pending with insurance at this time that I may owe an amount in addition to the amount listed above and furthermore, agree to pay that amount based on this plan as well.

Patient's (or Guarantor's) Initials _____

Please mail payments to:

100 Kings Way East, Unit D1 Sewell NJ 08080

Full Payment: ☐ Payment in full, enclosed check

☐ Use my credit card to pay in full

My monthly payment will be $ _____ and payment will be due on the 15th of each month.

☐ Payments will be made by cash or check

☐ Payments will be made by credit card, which I authorize you to use:

Credit Card: I hereby authorize MedCorps Asthma and Pulmonary Specialists to deduct the payment amount monthly on the day indicated above from my debit/credit card account:

Type of Card: ◯ MasterCard ◯ VISA

Name as appears on card: _____

Account #: _____ Expiration Date: _____ V-Code (3-digit code): _____

Billing Address Street #: _____ Billing Zip Code: _____

Any questions or concerns that I may have had concerning this agreement were answered or discussed with one of the staff members at Medcorps Asthma and Pulmonary Specialists. If this agreement needs to be altered at any time, I will contact Debbie at 856-352-6572 to discuss further options.

Patient's (or Guarantor's) Initial _____

Name of Patient _____

Address: _____ Phone: _____

Patient Signature: _____ Date: _____

100 Kings Way East, #D1
Sewell NJ 08080
(856) 352-6572 - Office
(856) 352-6710 - Fax

211 S. Main St. #203
CapeMay Court House, NJ 08210
(609) 778-2744 - Office
(609) 778-2579 - Fax

222 New Road. #201
Linwood, NJ 08221
(609) 788-8953 - Office
(609) 904-6929 - Fax

910 Kenton Station Dr,
Maysville, KY 41056
(606) 759-9424 - Office
(606) 759-1118 - Fax