

Patient Name _____ Date of Birth _____

Natura Medica

12 Roosevelt Avenue Mystic CT 06355 Tel 860 572-9566 Fax 860 572-7318 www.naturamedicamystic.com

Patient Payment Plan

Patient Name: _____ Date of Birth _____

Responsible party: _____

Patient address: _____

Patient phone number: _____

I, _____, understand that I am agreeing to the following payment plan between myself and Integrative Wellness Center, LLC dba Natura Medica. I understand that should I at any time deviate from the prescribed payment plan (including but not limited to: missed payments, declined payments or payments not made in full) Natura Medica reserves the right to charge interest, penalties and /or consider my payments delinquent and send me to a third party collection agency.

1) My current patient account balance is \$ _____ as of _____ (date)

Insurance claims pending: YES NO

I further understand that if insurance claims are pending, that I may owe an amount in addition to the amount listed above; and agree to pay that amount based on this payment fee schedule.

Patient/ Guarantor Initials _____

2) Initial payment of \$ _____ paid on _____.

3) The monthly payment will be \$ _____ and payment will be due on the first (1st) of each month until patient balance is \$0.00.

4) I will be paying by check (Natura Medica), due on the 1st of the month _____ (initials)

5) I hereby authorize Integrative Wellness Center, LLC dba Natura Medica to charge the aforementioned payment on the first/ 1st (or 1st business day) of the month (from my credit/debit account until paid off:

Account # _____

3 digit code: _____ Expiration Date: _____ Zip code: _____

6) Any questions or concerns that I may have had concerning this agreement were answered or discussed by a staff member of Natura Medica. IF this agreement needs to be altered at any time, I will contact the office, 860-572-9566, to discuss further options.

Patient/ Guarantor Initials _____

Patient or Guarantor Printed name _____

Patient or Guarantor signature _____ DATE: _____ *Signature of this document denotes all parties agreed to the terms listed above*

We value the healthcare relationship we have built with you and appreciate your diligence to fulfill your patient responsibility
Natura Medica

02/2021