

Rocky Mountain Care Clinic, Inc.

Payment Agreement

This agreement made and entered into on the _____ day of 2007 between RMCC, hereafter referred to as RMCC, and _____ hereafter referred to as patient.

1. Invoices will be sent out weekly. Payment is due within 15 days of invoice.
2. Patient agrees to pay all attorney fees, court costs, filing fees, and all collection costs. Cost up to 50% may be assessed by any collection agency retained to pursue past due accounts. Patient further agrees to pay interest at the rate of 2% per month (24% per year) on all past due accounts.

I have read the above contract for payment and understand that I am or may be responsible for payment of the medical treatment I have received.

Patient (Print)

RMCC

Patient (Signature)

Date