

Payment Plan Agreement

Payments will be made to Chase County Community Hospital in accordance with the terms provided below:

Hospital: \$_____ to be received on or before the _____ of every month.

Clinic: \$_____ to be received on or before the _____ of every month.

Payments may be made at Chase County Community Hospital Monday through Friday 8:00 A.M. to 4:30 P.M. at the business office. Payments may also be mailed to:

Chase County Community Hospital
Attn: Financial Services
600 West 12th Street
Imperial, NE 69033

Failure to comply with the conditions above may result in the immediate turnover of the account to collections.

According to our board approved policy, balances must be paid off within 3 months of receiving the first statement. If you are unable to meet these guidelines, please contact a financial services representative to receive details on long term medical repayment plans through Valley Bank and Trust and Pinnacle Bank

I, the undersigned, accept and understand the terms listed above.

Date

Patient Name

Medical Record/ Admission #

Guarantor (Printed)

Guarantor (Singed)

Guarantor (Phone)