

SeretisCare Family Practice

George Seretis, D.O.

The Health Center at Beckett 499 Beckett Road, Suite 201, Logan Township, NJ 08085

(856) 467-6400 F: (856) 467-1033

Promissory Note Agreement

Patient Name: _____

Address: _____

Home Phone Number: _____

Additional Phone Number: _____

I, _____ (herein "borrower"), promise to pay SeretisCare Family Practice, the sum of \$_____ (current balance*) in monthly (30 days or less) installments of \$_____ or greater, beginning on _____ (date). All payments due under this Agreement shall be made at SeretisCare Family Practice or by mail at 499 Beckett Road, Suite 201-B, Logan Township NJ 08085, unless you are notified otherwise in writing.

In the event that the borrower fails to make any payment due under the terms of this Agreement within five (5) days after the due date, or breach any condition relating to this Agreement, the entire balance of this Agreement will be considered in default and shall be immediately due and payable to the holder of this Agreement, SeretisCare Family Practice.

In the event that the borrower's payment is returned by the bank or credit card Company, the returned payment amount plus a \$30 fee will be due immediately and does not relieve the borrower of the current monthly obligation. This payment will be required in cash or certified funds (Money order or cashier's check). Subsequent payments may be required to be remitted by certified funds at the discretion of SeretisCare Family Practice.

In the event of default, the borrower agrees to pay all costs and expenses incurred by SeretisCare Family Practice, including all reasonable attorney fees (including both hourly and contingent attorney fees as permitted by law) for the collection of

this Agreement upon default, and including reasonable collection charges (including, where consistent with industry practices, a collection charge set as a percentage of the outstanding balance of this Agreement) should collection be referred to a collection agency. Additionally, collection agency action will result in the patient being discharged from further medical care at this practice.

No modification or waiver of any of the terms of this Agreement shall be allowed unless by written agreement signed by both parties. In the event that any portion of this Agreement is deemed unenforceable, all other provisions of this Agreement shall remain in full force and effect.

With my signature below, I hereby agree to all terms and conditions set forth in this Agreement, signed on this _____ day of _____, 20__.

*The current balance refers to the balance owed by the patient on the date of this signed Agreement. The patient's balance may increase after all insurance claims have been processed and copays, co-insurances or deductibles are applied. In this event, the borrower must contact **SeretisCare Family Practice for a new Promissory Note Agreement to be executed if payment arrangements are necessary.

Patient Signature: _____

****With this signature I hereby agree to the above financial terms.*

SeretisCare Family Practice Associate Signature:

Print Name: _____

Signature: _____



SeretisCare.com

499 Beckett Road, Suite 201, Logan Township, NJ, 08085 Phone: 856-467-6400, Fax: 856-467-1033