



NorthStar Regional Payment Plan Contract

Date	
Client Full Name	
Procentive ID	
Client's Contact Information (address, email, phone number)	

Circumstances leading up to this Payment Plan Agreement:

1. An account balance of \$500.00 or more, and/or
2. Non-payment on the account for two consecutive services;

Terms of this Payment Plan Contract:

1. Clients unable to make the minimum monthly amount payment of \$50.00 may apply for our Charity Care Program.
2. Clients are expected to make monthly installment payments on their account.
3. Clients: Please call **952-448-3223** and ask for Internal Collections
4. Payment Plans without payment activity for 121+ days will be referred to collections.
5. Should you encounter a situation that will affect your ability to make monthly payments, you must notify NorthStar Regional's finance department as soon as possible.

Minimum monthly payment amount on this agreement is: \$50.00

Your Monthly Payment Amount	
Starting Date	
Monthly Due Date	

This agreement is a written contract between NorthStar Regional and _____. It represents an approved payment plan based upon NorthStar Regional's financial policies and procedures. This agreement is binding and failure to meet its terms will result in us sending your account to collections. Insufficient payment and bounced checks will incur a fee of \$25.00. By signing this agreement, all parties agree to the terms as described above. Alterations to this agreement can only be made by both parties and must be placed in writing. Both parties will receive a printed copy of this agreement, and will be responsible for upholding its terms.

Client Printed, Signed Name and Date

NorthStar Regional Finance Department Representative and Date