Peacock Pediatrics

An Affiliate of Children's Mercy

PROUDLY PROVIDING PERSONALIZED CARE FOR CHILDREN OF EVERY AGE AND EVERY STAGE

Peacock Pediatrics - Payment Plan Agreement

Please note all Payment Agreements must be paid in full within 6 months unless otherwise discussed and approved. All fields are required for payment agreements.

Patient Name	OP Acct Number	Balance
____	______________	$ ___________
____	______________	$ ___________
____	______________	$ ___________

Total Plan Amt: $ ______________

Initial Payment: $ ______________(Processed when the agreement is entered in to InstaMed- our merchant partner)

Installment Amount: $ __________ Number of Payments: __________ Start Date: ___________

Frequency *(circle):* Weekly – Bi-Weekly - Twice Monthly - Monthly

(Start date sets the frequency of payments. Ex: Start date 6.1.23 with Monthly frequency, all scheduled payments will process on the 1st of each month until the agreement is satisfied OR 6.1.23, then 6.15.23 with a Twice Monthly frequency.)

Payment Method: Credit Card or *Checking/Savings/Business Account*

Credit Card Number: _________________________________ Expiration Date: _____ / _____

Cardholder Name: _________________________________ Zip Code: _________________

Banking Account Number: _______________________ *Routing Number:* ______________________

Account State (MO, KS, etc.): ___________________ *Institution Name:* ______________________

Account Holder Name: ____

I, ______________________________________, have read and was provided a copy of Peacock Pediatrics Financial Policy. I accept financial responsibility for the account(s) and balance(s) listed above. I understand it is my responsibility to keep payment information up to date under all circumstances.

Financial Guarantor's Contact Information:

Full Name: ____ Date of Birth: _________________

Address: ____

Email: ____ Phone: ______________________

____ ____________________

Printed Name Date

____ ____________________

Signature Staff Initials

***** All private/secure information will be removed/distorted before saving to patient chart electronically. All hard copies will be destroyed for privacy.***