

Payment Plan

Past Due Balance	MINIMUM MONTHLY PAYMENT (\$25 or 10% whichever is greater)
starting balances under \$250	\$25.00
starting balances \$251-\$300	\$30.00
starting balances \$301-\$350	\$35.00
starting balances \$351-\$400	\$40.00
starting balances \$401-\$450	\$45.00
starting balances \$451-\$500	\$50.00
starting balances \$501-\$550	\$55.00
starting balances \$551-\$600	\$60.00
starting balances \$601-\$650	\$65.00
starting balances \$651-\$700	\$70.00
starting balances \$701-\$750	\$75.00
starting balances \$751-\$800	\$80.00
starting balances \$801-\$850	\$85.00
starting balances \$851-\$900	\$90.00
starting balances \$901-\$950	\$95.00
starting balances \$951-\$1000	\$100.00
starting balances \$1001-\$1050	\$105.00
starting balances \$1051-\$1100	\$110.00
starting balances \$1101-\$1150	\$115.00
starting balances \$1151-\$1200	\$120.00
starting balances over \$1200	10%

PATIENT NAME	_____
CREDIT CARD NUMBER	_____
EXPIRATION DATE	_____
CVC CODE	_____
AGREED AMOUNT	\$ _____

By signing below, you agree to the payment plan as prescribed above for the patient's outstanding account balance with Minnesota Psychological Resources. Should the patient deviate from the prescribed payment plan at any time (including but not limited to: missed payments, late payments, declined payments, or payments not made in full) MPR will turn this account over to collections. For this reason, MPR requires the patient to file credit card information for automatic payments to be made as outlined by the payment plan.

Please sign and return this original document along with payment information on this form.

Signature _____ DATE _____