

Family & Children's

SERVICE OF ITHACA

127 West MLK Jr./State St. | Ithaca, NY 14850 | tel (607) 273-7494 | fax (607) 273-7484 | www.fcsith.org

Zero Interest Payment Agreement

Patient Legal First and Last name:

Preferred Name:

If not the patient, other responsible party for payment:

Address of responsible party for payment:

By participating in this agreement, you agree to the following terms and conditions:

Back Balance Owed: _____

Term of Payment Plan: _____ (months)

Monthly Installment Amount: \$ _____

Payment Start Date: _____

1. **Eligibility:** This zero interest payment plan is available to patients who have a back balance for services rendered by Family & Children's Service of Ithaca (F&CS) and are in need of a payment plan to pay the amount owed to F&CS. The maximum term for any zero interest payment agreement is 48 months.

2. **Billing and Payment:** Patients who set up a payment plan with a member of the F&CS billing team are required to make their first payment within 30 days of signing this agreement. Only client cost-share balances can be set up on a plan, and no insurance balances can be included. There is no pre-payment penalty.

3. **Notice of Change:** If you are unable to make a monthly payment due to an unforeseen hardship, you must contact a member of our billing team at 607.273.7494 to talk through your options within 60 days of your monthly payment due date.

4. **Termination:** If the monthly minimum payment is not received within 60 days without notification, your back balance will be due in full within the following 30 days. If the back balance is not received in full within the following 30 days, you will no longer be eligible for continued services, and we will allow up to three sessions to coordinate transfer of care.

By signing below, you acknowledge that you have read, understood, and agreed to the terms and conditions outlined in this Zero Interest Payment Agreement.

Name: _____

Signature: _____

Date: _____