

Payment Plan Contract

Since you are unable to make payment in full for the goods and services received today at the office of *Dr. Mark D. Noss* and *Dr. Rebekah S. Noss*, we are able to offer you the following terms outlined in our payment plan contract.

The payment plan is offered to you for a total of three months. You have two options for payment:

1. Provide a valid credit card and our office will charge one third of your bill on the day of your visit. We will place your credit card information on file and then charge your credit card the first of each month for the next two months for the remaining two thirds of your bill. (Preferred method)

2. Provide a check for one third of your total bill at the time of your visit and two post-dated checks, for the remaining balance of your total bill, and we will cash one on the first of each month for the following two months.

Your goods ordered will remain at the office until your account is paid in full; this includes both glasses and contact lenses. If you are purchasing contact lenses, you may still order a year's supply; however, you will only be permitted 1 box per eye (a three month supply) to begin with. Once your account is paid in full, you may return to the office to pick up the remainder of your year's supply.

By signing this contract, you are agreeing to provide our office with a credit card or three checks as payment for your bill today.

Patient's Signature

Date

Office Staff Signature