



**Carolina  
Regional  
Orthopaedics**

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*... Improving the health of our communities*

## **PAYMENT AGREEMENT**

Patient \_\_\_\_\_

Responsible Party \_\_\_\_\_

Account# \_\_\_\_\_

I, \_\_\_\_\_ agree to pay **Carolina Regional Orthopaedics** the  
sum of \$ \_\_\_\_\_ weekly/bi-weekly/monthly on my account balance of  
\$ \_\_\_\_\_.

Payment is due by the \_\_\_\_\_ of the month, beginning, \_\_\_\_\_ 2010.

I will mail my payment in each month. \_\_\_\_\_ or, I authorize CRO to  
(Initials)  
automatically run my payment each month, by option below. \_\_\_\_\_  
(Initials)

Visa

MasterCard

Credit Card#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name Listed on Card: \_\_\_\_\_

(Please Print) By choosing the credit card option, your card will be billed each month for your convenience.

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_