MEDICAL SERVICE DEBT REPAYMENT AGREEMENT

Date: [Insert Date]

Between:

Creditor (Medical Provider/Facility): [Insert Name of Medical Facility]
Address: [Insert Address]

And:

Debtor (Patient/Responsible Party): [Insert Full Name]
Address: [Insert Address]
Account Number: [Insert Account or Invoice Number]

1. Debt Acknowledgment

The Debtor acknowledges that they owe the Creditor a total sum of $[Insert Total Amount Owed] for medical services rendered on [Insert Date of Service].

2. Repayment Plan

The Creditor and Debtor agree to the following repayment schedule:

- **Down Payment (if applicable):** $[Insert Amount] to be paid on [Insert Date].
- **Installment Amount:** $[Insert Monthly/Weekly Amount] per installment.
- **Payment Frequency:** [Insert Frequency, e.g., Monthly/Bi-weekly].
- **Start Date:** [Insert First Payment Due Date].
- **End Date:** Payments shall continue until the total balance is paid in full.

3. Method of Payment

Payments shall be made via [Insert Payment Method, e.g., Check, Credit Card, Online Portal] to the following address/account: [Insert Payment Details].

4. Default

If the Debtor fails to make a payment within [Insert Number] days of the scheduled due date, the full remaining balance shall become immediately due and payable. The Creditor reserves the right to refer the account to a collection agency or pursue legal action.

5. Governing Law

This agreement shall be governed by the laws of the state of [Insert State].

Signatures

_____

Debtor Signature

_____

Creditor Representative Signature