Pondera Medical Center

805 Sunset Blvd • PO Box 668 • Conrad MT 59425
406.271.3211 • www.ponderamedical.com

MONTHLY PAYMENT AGREEMENT

I, ________________________________ agree to make monthly payments to Pondera Medical Center on each of the following accounts as outlined below until the balance is paid in full.

Account Number	Patient Name	Balance Due	Monthly Payment Amount

I certify the above monthly payment amount(s) are acceptable to Pondera Medical Center according to the following Credit Policy. If the amount is not within Pondera Medical Centers guidelines PMC reserves the right to refuse acceptance of this agreement.

CREDIT POLICY	
Account Balance	Required Monthly Payment
$0 - $50	Full Amount
$51 - $100	$25.00
$101 - $200	$30.00
$201 - $300	$35.00
$301 - $400	$40.00
$401 - $500	$45.00
$501 - $600	$50.00
$601 - $700	$55.00
$701 - $800	$60.00
$801 - $900	$65.00
$901 - $1000	$70.00
$1001 and up	8% of balance due

Failure to remit one monthly payment may result in having the account(s) referred to a collection agency.

________________________________ ______________
Signature Date

________________________________ ______________
Signature Date

________________________________ ______________
Accepted by Date