

Prevent the pain Therapy, Inc.

# PTPT

8818 Saturn Street

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[www.preventthepain.com](http://www.preventthepain.com)

## Payment Agreement for MVA Patients and Patients with Out-Of-State Insurance Carriers

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

I, the undersigned, hereby agree to endorse and forward all reimbursement payments sent directly to me from my insurance company or any company paying me for services rendered by Prevent The Pain Therapy, Inc., to Vivian Eisenstadt / Prevent The Pain Therapy, Inc. as soon as I receive them.

I also agree to submit a copy of the Explanation of Benefits in relation to any payments that I receive.

I also understand that any unpaid balance is subject to a 1.5% monthly finance charge that will be added to my balance after 60 days from the first visit.

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Patient Signature

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Print Name