

# Financial Plan Agreement

Effective 1/1/2008

As a courtesy, MMPT bills your insurance company for you.

Insurance will not provide us with a **guarantee** of payment until payment is actually received.

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

## Monthly Budget Agreement: Cash/Check/MO

I, the guarantor, agree to pay my balance in full each month – **or** – the minimum of \$100.00 per month by check, cash or money order.

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

## Monthly Credit/Debit Card Draft (check one)

**Balance in Full**

**\$100 per month**

I, the guarantor, agree for MMPT to draft my credit/debit card each month for either the balance in full or \$100 by using the card number listed below.

*Please speak with the office manager to provide your credit card information for the monthly draft.*

---

**In the event that your balance is not paid in full each month or your monthly budget agreement is not met each month (through check, cash or money order), your account may be turned over to our collection department.**

If at anytime you need to revise your Financial Plan Agreement, please contact the billing department and we will be happy to work with you.