



## Payment Plan Terms for Medical Patients

We have payment plans available for medical patients who owe between \$100-\$3000. You can set up your payments to be automatically withdrawn from a checking or savings account or from a credit or debit card. The payments are typically set up on a monthly basis but can be set up on a weekly basis if you prefer. The number of payments and set-up fee depends on the amount you owe.

<b>If you owe:</b>	<b>You'll have this many payments:</b>	<b>And the set-up fee will be:</b>
<b>Under \$100</b>	Sorry, no payment plans available. You need to pay in full.	
<b>\$100-\$199</b>	2 payments	\$22
<b>\$200-\$399</b>	3 payments	\$34
<b>\$400-\$999</b>	4 payments	\$70
<b>\$1000-\$3000</b>	6 payments	\$190
<b>Over \$3000</b>	Sorry, you can only finance up to \$3000 of your bill.	

### How to sign up for a payment plan

To sign up for a payment plan just fill out our Auto Recurring Billing Authorization Form and return it to us along with any required paperwork that's asked for on the form, such as a voided check, savings deposit slip or credit card photocopies. Your first payment plus the set-up fee will be due at the time you set up the plan.

DCN.1.22.2013

#### CENTER FOR EXCELLENCE IN DERMATOLOGY

**KENNEWICK**  
8901 W. Gage Blvd.  
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600 NW 11th St # E-25  
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3207 SW Perkins Ave  
Pendleton, OR 97801

**(509) 735-1100 Phone**  
**(855) 525-4677 Toll-free**  
**(509) 735-1180 Fax**  
**www.DrHopp.net**



## Auto Recurring Billing Authorization Form

Patient name: \_\_\_\_\_ Office Account Number: \_\_\_\_\_

Person responsible for account (if different than patient): \_\_\_\_\_

Total bill: \$ \_\_\_\_\_ Amount of 1<sup>st</sup> payment: \$ \_\_\_\_\_ Amount of each additional payment: \$ \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Date of the month payment is to occur: \_\_\_\_\_

Please choose the method of payment for your recurring payment plan:

Visa     
  MasterCard     
  American Express     
  Checking account     
  Savings account

**Please provide the required information based upon your method of payment:**

Additional pieces of information are required for authentication. Please see the back of this form for examples.

**Checking/Savings Account Information**

A voided check or savings deposit slip is required for this method of payment.

Name on acct: \_\_\_\_\_

Bank name: \_\_\_\_\_

Routing #: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Credit/Debit Card Information**

A photocopy of BOTH sides of your credit/debit card is required for this method of payment.

Cardholder Name: \_\_\_\_\_

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

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I would like a monthly receipt emailed to me at the following email address: \_\_\_\_\_

No thanks, I don't need one.

I hereby authorize Robert B. Hopp, MD, to run a check on my credit if I'm applying for \$500 or more in credit and to automatically debit/charge my account indicated above using the payment, date, and account information provided on this form. All information provided on this form is true and correct. Cancellation of this payment agreement must be done in writing **along with** payment in full. I understand that this payment agreement will not cease until payment in full is received.

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

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

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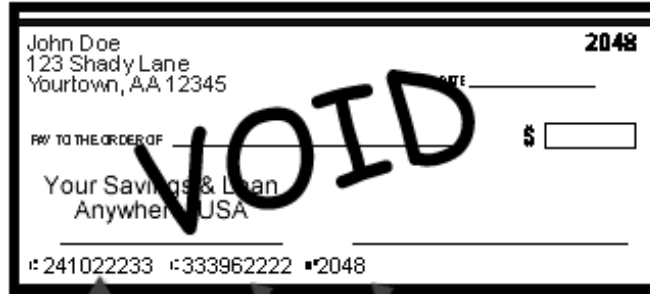
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# Examples of required forms

Voided Check:

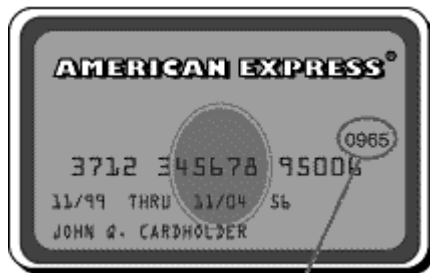


**Routing Number** 241022233  
(9 digits; begins w/ 01-12 or 21-32)

**Account Number** 333962222

**Check Number** 2048

Credit or Debit Card Photocopies (both front & back):



&



Savings Account Deposit Slip:

NAME  
ADDRESS  
CITY, STATE ZIP

DATE  
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE FOR CASH RECEIVED (IF REQUIRED) \*

BANK NAME  
ADDRESS  
CITY, STATE ZIP

CHECKS

CHECK OR TOTAL FROM OTHER SIDE ▶

SUB-TOTAL ▶

LESS CASH RECEIVED ▶

\$

① 23456789 ② 234567890 ③ 234

Bank Routing Number      Bank Account Number