



Thank you for choosing Hampton University Proton Cancer Institute as your healthcare provider. We are committed to the success of your treatment and care. Payment for services provided is a part of the physician-patient relationship with your doctor. Per the financial policy of the practice, patients and guarantors are responsible for making the necessary payments toward the services they receive.

With the changing environment in health care, more responsibility for payment is being placed on the patient in the form of copays, high deductibles, and out-of-pocket costs.

At the sole discretion of the practice, we are offering you this opportunity to set up a mutually feasible payment plan for the treatment you have received. This payment plan agreement provides you with the option to authorize us to obtain and keep your credit or debit card information on file as a convenient method of payment for the services provided. Your credit or debit card will be charged automatically for the monthly negotiated amount. Continuous periodic installments are required for the duration of time and an outstanding balance exists on your account.

In consideration of the practice of accepting installment payments toward your balance, you are expected to:

1. Make the payments as agreed upon on this agreement without default.
2. Make payments until the outstanding balance in your account is zero dollars (\$0).

For your convenience, our practice offers this payment plan with no finance or interest charges. If we receive the periodic payments outlined in this agreement, our practice shall not pursue any additional collection actions on your account. However, any default on the terms of this payment agreement shall render the entire outstanding balance due immediately, and payment in full will be expected. A default on the terms of this agreement will result in our practice pursuing collection efforts.

By signing this agreement, you waive the statute of limitations as a defense against any lawsuit for the collection of any amounts due.

This payment agreement and payment authorization shall be considered binding and enforceable under applicable state and federal laws after the party responsible has signed and dated the agreement and payment authorization overleaf.

**Hampton University Proton Cancer Institute**

Finance Department  
[Finance@HamptonProton.org](mailto:Finance@HamptonProton.org)  
757-251-6800



# PART I. PAYMENT PLAN AGREEMENT FORM

## INSTRUCTIONS:

*This document contains two sections: (i) The Payment Plan Agreement Form (pages 2-4) and (ii) The Payment Authorization Form (page 5). Please complete, sign, and email both forms to our Finance department at [Finance@HamptonProton.org](mailto:Finance@HamptonProton.org). Your information will be handled with strict confidentiality by our Finance team. All financial data provided will be used solely for the purpose of managing your payment plan and will not be shared with unauthorized parties.*

*If you have any questions or require further clarification/assistance on any part of this agreement, please contact our Finance department before submitting the form.*

## I. THE PARTIES

**Medical Office:** Hampton University Proton Cancer Institute Hampton with a mailing address of 40 Enterprise Parkway, City of Hampton, State of Virginia, ZIP Code 23666 (“Creditor”), and

**Patient:** \_\_\_\_\_ with a mailing address of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_, Zip Code \_\_\_\_\_

Tel: \_\_\_\_ - \_\_\_\_\_, E-mail address: \_\_\_\_\_ (“Debtor”)

**HEREINAFTER** The Debtor and Creditor ("Parties") agree to the following:

## II. BALANCE

As of date of this Agreement, the Debtor owes the Creditor \$ \_\_\_\_\_ for provision of medical-related services.

## III. REPAYMENT PLAN

To settle the Amount Owed, the Debtor agrees to repay the Creditor under the following terms:

**Repayment Period:** The Debtor shall repay the Creditor on:

Monthly basis starting from: \_\_\_\_\_, 20\_\_\_\_, in the amount of \$ \_\_\_\_\_, to be paid each month until \_\_\_\_\_, 20\_\_\_\_ or until the Amount Owed is fully paid.



#### IV. PAYMENT INSTRUCTIONS

*(kindly check the appropriate box and provide your information)*

The Debtor is required to pay the Creditor under the following instructions:

- ACH                      Account Number: \_\_\_\_\_  
    Bank Name: \_\_\_\_\_  
    Routing Number: \_\_\_\_\_
- Credit/Debit Card            Name on Card: \_\_\_\_\_  
    Card No: \_\_\_\_\_  
    Exp. Date: \_\_\_\_\_  
    Security/CVV Code: \_\_\_\_\_

#### V. CO-SIGNER *(optional)*

*(check the appropriate box and, if needed, fill in co-signer information)*

- This Agreement shall not have a Co-Signer.
- This Agreement shall have a Co-Signer known as \_\_\_\_\_ hereinafter known as the "Co-Signer" and agrees to the liabilities and obligations on behalf of the Debtor under the terms of this Agreement. If the Debtor does not make a payment, the Co-Signer shall be personally responsible and therefore guarantees payment of the balance amount under the terms of this Agreement.

- ACH                      Account Number: \_\_\_\_\_  
    Bank Name: \_\_\_\_\_  
    Routing Number: \_\_\_\_\_
- Credit/Debit Card            Name on Card: \_\_\_\_\_  
    Card No: \_\_\_\_\_  
    Exp. Date: \_\_\_\_\_  
    Security/CVV Code: \_\_\_\_\_

## VI. GOVERNING LAW

This Agreement shall be governed by, and construed in accordance with, the laws of the Commonwealth of Virginia.

## VII. SEVERABILITY

The unenforceability or invalidity of any provision in this Agreement shall not affect the enforceability or validity of the remaining provisions. Any provision found to be unenforceable or invalid shall be deemed removed from this Agreement to the extent of such unenforceability or invalidity. Consequently, this Agreement shall be construed and enforced as if it did not include the said provision within the limits of its unenforceability and invalidity.

## VIII. ADDITIONAL TERMS & CONDITIONS

This Agreement holds all the terms agreed to by the Debtor and Creditor relating to its subject matter, including any attachments or addendums. This Agreement replaces all earlier discussions, understandings, and oral agreements. There shall be no other charges or interest imposed to the Debtor for the preparation and facilitation of this Agreement.

**IN WITNESS WHEREOF**, the Parties have executed this Agreement as of the undersigned dates written below.

Debtor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

Co-Signer's Signature (if any): \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

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

Print: \_\_\_\_\_



## PART II. PAYMENT AUTHORIZATION FORM

### ACH AUTHORIZATION FORM - PATIENT

I, \_\_\_\_\_, hereby authorize Hampton University Proton Cancer Institute to debit my bank account for a monthly recurring payment of \$\_\_\_\_\_ starting \_\_\_\_\_ of 20\_\_\_\_ and ending on \_\_\_\_\_ of 20\_\_\_\_ for the balance remaining on my account for medically related services provided to me. The details of which can be found under the signed Payment Agreement Form dated \_\_\_\_\_ of 20\_\_\_\_.

Printed Name: \_\_\_\_\_

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

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

### CREDIT CARD AUTHORIZATION FORM - PATIENT

I, \_\_\_\_\_, hereby authorize Hampton University Proton Cancer Institute to charge my credit/debit card for a monthly recurring payment of \$\_\_\_\_\_ starting \_\_\_\_\_ of 20\_\_\_\_ and ending on \_\_\_\_\_ of 20\_\_\_\_ for the balance remaining on my account for medically related services provided to me. The details of which can be found under the signed Payment Agreement Form dated \_\_\_\_\_ of 20\_\_\_\_.

Printed Name: \_\_\_\_\_

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

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

### CO-SIGNER AUTHORIZATION

I, \_\_\_\_\_, agree to co-sign this authorization and understand that I am equally responsible for the payment should the primary account holder default in payment.

Printed Name: \_\_\_\_\_

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

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