

**PHYSICIANS AMBULATORY SURGERY CENTER
3 MONTH PROMISSORY NOTE**

(I/We) _____ and _____ as responsible (party/parties) for (patient name) _____ promise to pay to the Center all charges due from this patient for procedures performed on (date) _____. Said charges, are estimated to be \$_____.

Following the down payment of \$ _____ made on (date) _____ all subsequent payments will be made monthly and are due on the _____ day of the month, beginning _____.

Payment schedule is as follows:

Payment #	Amount Due	Due Date
# 1 (Day of Procedure)		
# 2 (30 Days)		
# 3 (60 Days)		
# 4 (90 Days)		

(I, We) fully understand that the above quote is only an estimate and that (I, we) (am, are) responsible for the full amount the patient owes regardless of how close it is to this estimate. (I, we) also fully understand that (I, we) (am, are) responsible for all charges in the event of non-payment by an insurance company and that payments not made as agreed in the above terms may cause the account to be referred to outside collection efforts. (I, We) agree to notify the Center in the event of change of (my, our) address or employment.

(Signed) First Guarantor

(Signed) Second Guarantor

Street Address

Street Address

City, State, Zip

City, State, Zip

**PHYSICIANS AMBULATORY SURGERY CENTER
SIX MONTH PROMISSORY NOTE**

(I/We) _____ and _____ as responsible (party/parties) for (patient name) _____ promise to pay to the Center all charges due from this patient for procedures performed on (date) _____. Said charges, are estimated to be \$_____.

Following the down payment of \$_____ made on (date) _____ all subsequent payments will be made monthly and are due on the _____ day of the month, beginning _____.

Payment schedule is as follows:

Payment #	Amount Due	Due Date
# 1 (Day of Procedure)		
# 2		
# 3		
# 4		
# 5		
# 6		
# 7		

(I, We) fully understand that the above quote is only an estimate and that (I, we) (am, are) responsible for the full amount the patient owes regardless of how close it is to this estimate. (I, we) also fully understand that (I, we) (am, are) responsible for all charges in the event of non-payment by an insurance company and that payments not made as agreed in the above terms may cause the account to be referred to outside collection efforts. (I, We) agree to notify the Center in the event of change of (my, our) address or employment.

(Signed) First Guarantor

(Signed) Second Guarantor

Street Address

Street Address

City, State, Zip

City, State, Zip