



PAYMENT EXTENSION AGREEMENT

Date: _____ 20 _____

I, the undersigned, in consideration for services rendered by Nova Medical & Urgent Care Center Inc., hereby agree to pay the sum of \$ _____, representing the approximate balance due on the account of _____.
(Patient Name)

Payments are to be made in _____ installments of \$ _____ beginning _____, continuing no longer than ten (10) months, until the balance is paid in full.
(weekly, bi-weekly, monthly) (date)

I understand that if I fail to make any one payment as scheduled, Nova Medical & Urgent Care Center Inc., may, as an option and without further notice to me, declare the entire balance due in full and payable immediately. In addition, I further acknowledge that Nova Medical & Urgent Care Center Inc. reserves the right to charge interest on the unpaid principal balance at the rate of eighteen percent (18%) per annum, and any collection agency cost and/or attorneys fees, if necessary.

Signature

Account No.

Street Address

Home Phone/Work Phone

City / State/Zip

Witnessed by

*An administrative statement fee of \$2.00 per month will be charged on all payment plans exceeding two (2) months of duration. To avoid this fee, you may opt to have each monthly payment charged to your Visa or MasterCard.
 Visa MasterCard _____
Credit Card No. Expiration Date

Signature (Card Holder)

51 Catocin Circle, N.E. (Leesburg Plaza)
Leesburg, VA 20176
Tel: 703.777.9510
Fax: 703.777.1225

21785 Filigree Court, Ste 100
Ashburn, Virginia 20147
Tel: 703.554.1100
Fax: 703.554.1110

21036 Triple Seven Road
Sterling, VA 20165
Tel: 703.430.9510
Fax: 703.430.9585

528 Waterloo Road
Warrenton, VA 20186
Tel: 540.347.7611
Fax: 540.347.7622