



**PAYMENT PLAN AGREEMENT**

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

I agree to pay Orthopedic Foot and Ankle Institute \$ \_\_\_\_\_ every \_\_\_\_\_ until the balance is paid in full. The first payment will be made \_\_\_\_\_.

I agree to follow the payment plan above with strict abidance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

