



PAYMENT PLAN AGREEMENT

Client Name: _____

Date: _____

ADDRESS: _____

E-MAIL: _____

CITY/ST/ZIP: _____

TEL.# _____

I promise to pay Alternative Health Associates all payments detailed in this payment agreement by the established deadline. I understand that the payment agreement can be established once I am an active client.

I understand and agree that failure to pay all charges **by the due date** will leave my account subject to a hold being placed on my account and for financial penalties, including collection and legal fees. No scheduled or unscheduled consultation, including but not limited to e-mail consults, will be scheduled on delinquent accounts.

I understand and agree that any changes or cancelation of a wellness package does not release me from this payment plan obligation, including any financial penalties or other collection costs.

I understand and agree to pay Alternative Health Associates the full amount owed for services rendered and any late charges and collection costs at the time of cancelation or withdraw from a wellness plan.

Late fees are assessed at the time of billing for accounts that are 30 or more days past due. At 30 days past due, the entire payment plan balance will be accelerated (see note below) and a late penalty of 10% of the outstanding balance is assessed. The late penalty indicates that your account is past due.

Unless you resolve the debt immediately, Alternative Health Associated will advance the matter to the next step in the collection process.

Once an account is **90 days past due and forwarded to collections**, repayment arrangements must be made directly with the collection agency, and the account holder bears the costs associated with collection efforts.

NOTE: *ACCELERATED: The payment plan in its entirety will be due and payable once any payment or portion thereof becomes past due. Fees will be assessed on the entire payment plan amount.

Signature of Client: _____

Date: _____

Total Amount owed (Beginning balance).....\$_____

Payment Date	Payment Amount	Balance
__/__/__		
__/__/__		
__/__/__		
__/__/__		
__/__/__		
__/__/__		
__/__/__		
__/__/__		
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__/__/__		
__/__/__		
__/__/__		

I agree that the above schedule of payments is acceptable.

Client: _____ Date: _____