

MAPLE CREST



MAPLE CREST IMAGING CENTER

FINANCIAL AGREEMENT

840 W Kansas Avenue Liberty, MO 64068

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Phone: (816) 781-9797 Fax: (816) 781-9793

Date

Last Name First Name Phone Number Social Security #

Address City State Zip Code

I, _____ agree to pay _____ per month by the _____th day of the month until outstanding balance is paid in full.

Patient Signature Date

Legal Guardian Signature Date

Witness Signature Date

Billed Amount: _____

Payment Amount: _____

Adjusted Charge: _____

*Write Off: _____

Balance Owed: _____

*this amount will be adjusted once payment is received.