

## LOUISVILLE PEDIATRIC SPECIALISTS PAYMENT PLAN AGREEMENT

**THE PARTIES.** This Legal Services Payment Plan Agreement (“Agreement”) dated \_\_\_\_\_, 20\_\_\_\_, is by and between:

**Louisville Pediatric Specialists P.S.C** with a mailing address of 6801 Dixie Hwy Ste., 127 Louisville, KY 40258 (“Creditor”), and

Patient/: \_\_\_\_\_, with a mailing address of \_\_\_\_\_,  
City of \_\_\_\_\_, State of \_\_\_\_\_, Zip \_\_\_\_\_ (“Debtor”).

HEREINAFTER, the Debtor and Creditor (“Parties”) agrees to the following:

**BALANCE.** At the time of this Agreement, the Debtor owes the Creditor the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) (“Current Balance”) for medical services rendered.

**REPAYMENT PLAN.** To satisfy the Amount Owed, the Debtor agrees to repay the Creditor under the following terms:

a.) Down-Payment. The Debtor shall pay: (check one)

- Down-Payment of \$ \_\_\_\_\_.
- No Down-Payment.

b.) Repayment Period. The Debtor shall re-pay the Creditor on a: (check one)

- Monthly basis beginning on \_\_\_\_\_, 20\_\_\_\_, in the amount of \$ \_\_\_\_\_ to be paid on the \_\_\_\_ of every month until the Amount Owed is paid-in-full.
- Bi-Weekly basis beginning on \_\_\_\_\_, 20\_\_\_\_, in the amount of \$ \_\_\_\_\_ to be paid every fourteen (14) days ending on \_\_\_\_\_, 20\_\_\_\_ until the Amount Owed is paid-in-full.
- Weekly basis beginning on \_\_\_\_\_, 20\_\_\_\_, in the amount of \$ \_\_\_\_\_ to be paid every seven (7) days until the Amount Owed is paid-in-full.
- Other. \_\_\_\_\_.

c.) Payment Instructions. The Debtor is required to pay the Creditor under the following instructions: \_\_\_\_\_.

**LATE PAYMENT.** Any partial or late payment under this Agreement shall: (check one)

**LOUISVILLE PEDIATRIC SPECIALISTS, P.S.C**

6801 DIXIE HWY., STE. 127 • LOUISVILLE, KY 40258

TELEPHONE: (502) 935-5633 • FAX: (502) 935-5706

EMAIL: billing@loupeds.com

- Not be allowed and consider the Debtor in default.

- Allow the Debtor to make payment within **5 business days** provided the Debtor pays a late fee of **\$20.00**

If payment is not made within the Extension Period, this Agreement shall be in default.

**PREPAYMENT.** The Debtor may: (check one)

- Pre-pay the Amount Owed without penalty.

**CO-SIGNER.** (check the appropriate box)

- This Agreement shall not have a Co-Signer.

**DEFAULT.** If for any reason the Debtor should not oblige to any section or portion of this Agreement, the Debtor shall be considered in default. Under such an event, the remaining balance of the Amount Owed shall result in your account being placed in collections. This could adversely affect your credit as well as result in termination of medical services immediately.

**GOVERNING LAW.** This Agreement shall be governed by, and construed in accordance with, the laws of the State of Kentucky (“Governing Law”).

**SEVERABILITY.** The unenforceability or invalidity of any clause in this Agreement shall not have an impact on the enforceability or validity of any other clause. Any unenforceable or invalid clause shall be regarded as removed from this Agreement to the extent of its unenforceability and invalidity. Therefore, this Agreement shall be interpreted and enforced as if it did not contain the said clause to the extent of its unenforceability and invalidity.

**ADDITIONAL TERMS & CONDITIONS.**

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**ENTIRE AGREEMENT.** This Agreement contains all the terms agreed to by the Debtor and Creditor relating to its subject matter, including any attachments or addendums. This Agreement replaces all previous discussions, understandings, and oral agreements.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the undersigned dates written below.

**Debtor’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LOUISVILLE PEDIATRIC SPECIALISTS, P.S.C**  
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Print: \_\_\_\_\_

**Creditor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print: \_\_\_\_\_