

Scan: EMR

Date of Application: _____ Processed by: _____ Corporate: _____



NVVS Financing Agreement

North Valley Vein Specialists offers short term financing (9 months) for approved patients as a way of providing immediate medical care to patients who are either under insured or non-insured. The scope of the work is determined by your medical history and physical, ultrasound findings, and treatment plan as discussed with your doctor.

Patients should review, initial, sign, and date as indicated.

- **Patients are 100% responsible for complete payment based on this agreement. _____INT (patient initials)**
- **The scope of work is defined below as determined by the treating Physician. _____INT**
- **Any default of this agreement will result in immediate collection activity including legal action. In addition to owed charges, patient agrees to pay any collection cost, court cost, or attorney fees involved in collecting this debt. _____INT**
- **A default of this debt will be reported to the credit bureaus. _____INT**
- **The interest rate is 0%. _____INT.**

Patient Name: _____ Patient Signature: _____

MR#: _____ DOB: _____ SS# _____

Witness Name: _____ Witness Signature: _____

Patient Treatment Plan

Office Visit _____ Pre-op Ultrasound Exam _____ US Findings _____

RGSV Ablation _____ LGSV Ablation _____ RSSV Ablation or LSSV Ablation _____ RPERF(s) or LPERF(s) _____

Follow up US # _____ Follow up Office Visits # _____ Cosmetic Sclerotherapy Session # _____ Ambulatory Phlebectomy # _____

OFFICE USE (Please submit with worksheet)

Total Amount: _____ 15% Down Payment: _____ Monthly Payments (6 months) \$ _____

Submitted by: _____ Title _____ Date: _____

***Doctor Signature:** _____ Location: _____

Approved by: _____ NVVS

*Doctor has reviewed treatment plan and excluded those items that are NOT included in total price of treatment plan.