



GLAUCOMA  
CENTER OF  
SAN FRANCISCO

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Andrew G. Iwach, M.D.  
Shan C. Lin, M.D.  
Terri Pickering, M.D.  
Sunita Radhakrishnan, M.D.  
Sophia Hsiao, O.D.

Emeritus  
H. Dunbar Hoskins, Jr., M.D.  
Robert N. Shaffer, M.D.,  
1912-2007  
John Hetherington, Jr., M.D.,  
1930-2020

## PROMISE TO PAY AGREEMENT

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

Patient: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

This payment promise is free of interest and billing charges. This payment promise becomes null and void in the event that I do not pay on the promised date.

If the promise is broken, this option will not be available to me in the future and I will be held responsible for all balances as soon as they become open.

**Patient Balance as of the above date: \$**\_\_\_\_\_

I will be making a full payment in the amount of \$\_\_\_\_\_ no later than 2 weeks after the signed date of this notice.

I, \_\_\_\_\_, have reviewed and agree to the above payment agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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## PAYMENT PLAN AGREEMENT

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

Patient: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

This payment plan is free of interest and billing charges. This payment promise becomes null and void in the event any of my payments become 30 days overdue and the Glaucoma Center of San Francisco will forward the account to a collection agency.

**Patient Balance as of the above date: \$**\_\_\_\_\_

I agree to make monthly payments to Glaucoma Center of San Francisco in the amount of \$\_\_\_\_\_. The first payment is due on or before the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and a like payment is due on or before the same day of each payment period until the balance and all fees due on the balance are paid in full.

I understand that I am responsible for any charges not covered by insurance or other third-party payers. In the event collection or legal action is required to collect this balance, I agree to pay all associated fees within the maximum allowed by law.

I, \_\_\_\_\_, have reviewed and agree to the above payment agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date