City of Rio Rancho
Department of Finance - Ambulance Billing
Payment Plan Agreement

Please complete all the information on this form as completely and accurately as possible by typing or using blue or black ink. Please contact us at (505) 891-5010 with any questions.

Section I - Patient Information **Date:** _____

Patient Name: _____ **Acct #** _____
Last Name First Name

Address: _____
Street City/State Zip

Phone #: _____ **E-Mail:** _____

Section II - Payment Information
For the patient number referenced above, my outstanding balance owed to the City of Rio Rancho is:

$ _____

I hereby agree to submit monthly payments to the City in the amount of:

$ _____ (minimum $50.00)

due and payable to the City of Rio Rancho by the 15th day of each month beginning as of the date first written above and continuing until the balance is paid in full (the last payment may be less than $50.00). I understand that should I fail to make a payment within ten days of its due date, this payment plan will terminate and I will immediately be responsible for paying any remaining balance in full. The total balance must be paid in full within one year of the date first written above.

By signing below, I hereby acknowledge that I have read and agree to the terms of this Agreement.

Patient Signature: _____ _____
(or legally authorized) Date

Accepted by: _____ _____
Steven Perkins, EMS Billing Date

_____ _____
Marta Ortiz, Manager Date

Please return this completed and signed form to: Attn: Steve Perkins, Ambulance Billing, 3200 Civic Center Circle NE, Rio Rancho, NM 87144. A fully signed copy will be returned to you.