



City of Rio Rancho
Department of Financial Services - Ambulance Billing
Payment Plan Agreement

Please complete all sections of this form using blue or black ink.
If you have any questions, feel free to contact us at (505) 891-5021.

Section I - Patient Information:

Date: _____

Patient Name: _____ Acct # _____
Last Name First Name

Address: _____
Street City/State Zip

Phone #: _____ E-Mail: _____

Section II - Payment Plan Terms and Conditions:

- The minimum monthly payment is \$50.00. Please note that we do not impose any additional interest or fees beyond the amount due.
Payments are due on the same date each month and must continue until the balance is paid in full (PIF). Select your preferred day of the month for your payment due date below.
Accounts with a date of service (DOS) over 9 months and balances unpaid for more than 180 days may be turned over to an outside collection agency.
A FINAL NOTICE will be sent before collection activities begin, giving patients 30 days to resolve the outstanding balance.
Re-enrollment in a payment plan after collections will not be allowed.
If your account is referred to collections, it will be handled by: ONLINE Information Services, INC. (800) 765-8268.

Section III - Payment Information:

Table with 2 columns: Description and Amount/Date. Rows include Outstanding balance, I agree to a monthly payment of, and Preferred Due Date (Choose one) with radio button options for 1st, 5th, 10th, 15th, 20th, and 25th.

Section IV - Agreement Acknowledgement: By signing below, I acknowledge that I have read to the terms outlined in this agreement.

Patient Signature: _____ Date
(or legally authorized representative)

Accepted by: _____ Date
Ambulance Billing Supervisor or Designee

Upon completion, kindly return this agreement for processing along with your initial payment.
Mailing address: 3200 Civic Center Circle NE; Rio Rancho, NM 87144 Attn: Ambulance Billing