



Urology
Clinic P.C.



STACY J. CHILDS, M.D., F.A.C.S.
JAMIE VAN OVERERN, D.O.

PROMISSARY NOTE

I (we jointly and severally) promise to pay Urology Clinic, P.C. any and all charges that have accrued or may accrue for services rendered to me or the person listed at "patient" below.

In the event of assignment for collection, any and all collection expenses including reasonable attorney's fees shall be made part of the judgment.

I hereby agree to pay my existing balance of \$ _____ for services rendered to me, or the person listed as "patient" below. Consecutive monthly payments, each in the amount of \$ _____ shall be made beginning on (date) _____ and continuing thereafter on the same day each month until the balance is paid in full.

Additionally, I agree to notify Urology Clinic, P.C. of any changes of address within 30 days of the effective date concerning such charges.

I understand the balance noted above is current as of the date listed below. I understand that as additional services are rendered, the balance owed and payable to Urology Clinic, P.C. will increase accordingly. Monthly statements will reflect any changes in the balance. Furthermore, if monthly installments are not paid as agreed, and if Urology Clinic, P.C. has not been notified of a delay of payment, and the reason therein, I understand that the account may be turned over to a collection agency.

Patient name _____	Date _____
Address _____	
City, State, Zip _____	

Date _____

Guarantor Name _____

Guarantor Signature _____

Guarantor Phone _____

Guarantor Address _____

Witness Name _____

Witness Signature _____