



PAYMENT AGREEMENT

I understand that Planned Parenthood of Greater New York will charge me for all services I have received on this date of service including additional medications tests and supplies using the information I have provided. If payment is not made for all charges, then a balance due will be noted on the account and I may receive a bill.

If Lab tests are not fully covered by my insurance, I may receive a bill from Quest Diagnostic Laboratories for the outstanding balance.

If using insurance, I will be responsible and will receive a bill from either PPGNY or Quest (or both) if:

- My Insurance carrier does not pay for all or part of my service
- If lab tests provided are not covered by Quest Diagnostics - (I will receive a bill directly from the lab).
- If there is a copayment/coinsurance or deductible due
- If there are additional charges

I understand that I may receive a bill from either PPGNY, Quest Laboratories (or both) for outstanding charges over 30 days.

PRINT NAME _____

DATE _____

SIGNATURE _____

This form is valid for 12 months from the date of this signature.

- If necessary, Planned Parenthood will make payment arrangements based on the client's ability to pay Call 212-274-7204 to make payment arrangements.
- Contact Quest directly to arrange payments for laboratory test balances – 1-800-227-3887