

## MONTHLY BILLING AGREEMENT

for

\_\_\_\_\_

By signing below, I agree to be billed monthly for services rendered by Tarnow and Associates. I understand that payment must be made within ten (10) days upon receipt of the monthly statement. If I fail to make payment in full within ten (10) days, I agree to pay the balance in full before my next appointment.

If for any reason I am unable to make payment in full within ten (10) days of receiving the statement, I will notify Tarnow and Associates, P.A. immediately.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### For Office Use Only:

Approved: \_\_\_\_\_  
Maryam Majlessi, Financial Coordinator

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