

WASHINGTON AVENUE PEDIATRICS, LLC

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NEW COLLECTION POLICY – JUNE 1, 2015

I agree to reimburse Washington Avenue Pediatrics for the fees of any collection agency, a minimum of \$7.25 and a percentage of the principal at a maximum of 50% of the debt, and all costs and expenses including reasonable attorney fees that are incurred in collection efforts of my debt.

Patient Name: _____

Patient/Parent/Guardian Signature _____

Date: _____