

# Layaway Plan

I, \_\_\_\_\_, wish to open a layaway account with Semone Rochlin, D.O. to begin structured payments for future treatments and / or surgeries for

**Total cost of \$\_\_\_\_\_ . Please initial \_\_\_\_\_.**

I understand that to open my layaway account I need to make a minimum **\$1000 deposit and set a schedule of future payments (page 2).**

- I understand that my initial deposit of \$1000 is non-refundable, but applies to the cost of surgery when my account is paid in full.
- I understand that Dr. Rochlin does not charge any additional fees, interest rates or credit inquiries to set up a layaway payment plan.
- I understand that the payment methods, amounts are notated in detail on page 2 and must be adhered to, as this is a binding agreement, without written addendum.
- I understand that I have an option to pay in full without any early payment penalty.
- I understand that if I terminate the layaway plan by canceling or opting not to have surgery prior to paying 80% of the balance due I forfeit my \$1000 non-refundable down payment and will receive the remaining amount in 60 days.
- I understand that after reaching the more than 80% paid amount and I opt to cancel surgery no refund will be given.
- I understand that by providing post dated checks, debit and/or credit information or appointments for cash pay at the office, I am giving permission to deposit and/or electronically transact as indicated by the schedule on page 2 of this agreement.
- I understand that the funds collected are for costs and fees incurred for my pre-operative appointments, surgery, surgical center operating fees, along with one (1) surgical garment and post-operative appointments are all inclusive.
- I understand as a patient I may incur fees outside of Dr. Semone Rochlin's office that are essential for surgery such as labwork (blood draw), radiography (mammograms or ultrasounds), secondary surgical garment(s), post surgical prescriptions and / or overnight stay fees paid to surgery center if required, etc.

**Signing below hereby indicates that you understand fully and agree to the above stated terms and conditions regarding the layaway program offered by Semone Rochlin, D.O. and are now considered active layaway payment plan.**

\_\_\_\_\_  
**Patient Signature / Date**

\_\_\_\_\_  
**Witness Signature / Date**

**Deposit Amount Paid:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Method Paid:** \_\_\_\_\_

## Layaway Plan Payment Schedule

Date	Method	Comments
P1		
P2		
P3		
P4		
P5		
P6		
P7		
P8		
P9		
P10		
P11		
P12		
P13		
P14		
P15		
P16		
P17		
P18		
P19		
P20		
P21		
P22		
P23		
P24		

- Opening deposit of \$1000 is non-refundable, but does apply fully to surgical costs.
- On Account / Layaway terms may only be amended by both parties in writing.
- By signing below I give permission/ promise for deposit / debit / credit transaction or cash pay.
- I understand if I miss more than 2 payment dates or the elapse of 30 (thirty) days of payment without dual party written addendum agreement I forfeit my account and no refund is granted.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

**Patient Signature** **Date**

\_\_\_\_\_

**Witness Signature** **Date**