Yale Medicine

Budget Plan Set-Up Criteria
Collections Department

Balances	Maximum Monthly Term	Minimum Accepted Monthly Payment
To $50.00	**Pay in full**	**N/A**
$50.01 to $250.00	**24 Months**	**$25.00 - $50.00/Month Minimum**
$250.01 to $500.00	**24 Months**	**$25.00 - $75.00/Month Minimum**
$500.01 to $1,000.00	**24 Months**	**$50 - $150.00/Month Minimum**
$1,000.01 and over	**24 Months**	**$50 - 200.00/Month Minimum**

Referral Date: _____

Patient Name: _____
(Last Name) (First Name)

Account #: _____

Phone #: _____
(Home Number) (Work Number)

Balance Due: _____

Payment Amount: _____ Criteria Met? YES….. ( )
IF NOT MET, EXPLAIN BELOW

Referred By: _____

Special Instructions: _____

_____

_____

5001.FM.A
Effective date 02/01/2012
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