

OpenSided MRI Payment Agreement

Date _____ MMR# _____

Patient Name _____

The total cost of the MRI completed today is \$ _____

The total amount paid today towards the exam is \$ _____

The total amount due after today's payment is \$ _____

I agree to pay \$ _____ per month to OpenSided MRI, for the period of _____ months.

Patient Signature _____ Date _____

Office witness signature _____ Date _____