

**CAROLINA FOOT CARE ASSOCIATES, PLLC**

1711 DAVIE AVE.  
STATESVILLE, NC 28677  
P - 704 873 9797  
F - 704 873 9794

PO BOX 268, 6341 COOK AVE. SUITE A  
CLEMMONS, NC 27012  
P - 336 766 8400  
F - 336 766 8486

DR. WILLIAM J. O'NEILL  
DR. RACHEL RADER  
DR. SHALONDA DAVIDSON

DR. TERRY ANN DONOVAN

**PAYMENT PLAN AGREEMENT**

I, \_\_\_\_\_, do agree to a monthly payment plan to be paid to Carolina Foot Care Associates.

I agree to pay \$\_\_\_\_\_ by the 15<sup>th</sup> of each month. If payment is not received by the above-mentioned date, your account will be immediately turned over to our Collection Agency, which will adversely affect your credit rating.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_