# ROCK CREEK IMAGING

## FINANCIAL AGREEMENT

**712 First Terrace  Lansing, KS 66043**
www.rockcreekimaging.com  info@rockcreekimaging.com
**Phone: (913) 351-4674  Fax:  (913) 351-3329**

_____
Date

_____ _____ _____
Patient Name  Phone Number  Social Security #

_____ _____ _____ _____
Address  City  State  Zip Code

I, _____ agree to pay _____ per

month by the _____th day of the month until outstanding balance is paid in full.

_____ _____
Patient Signature  Date

_____ _____
Legal Guardian Signature  Date

_____ _____
Witness Signature  Date

Total Charge: _____

Down Payment: _____

Balance: $0.00

Submit Form