



Deferred Payment Agreement

I DO HEREBY on my own volition give a lien to **United Pain Devices** for any amount owed to the company on my behalf for any medical devices provided to me in an effort to try and improve my health, strength, and quality of life. It has been made extremely clear to me and I am under the full understanding that I am totally responsible for any outstanding bills related to any and all services and treatments provided by the said company on my behalf. United Pain Devices will seek full recovery of all charges incurred; to include but not limited to collection actions for reimbursement of all charges incurred.

Patient Signature: _____

Date: ____ / ____ / ____

Print Name: _____

United Pain Devices
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Phone: (770) 712-7212
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