



## Pre-Payment Form

Complete this form, print it out, and send a copy with each payment you mail in for your pre-payment account. No Personal Checks Accepted. Please mail in only Money Orders or Cashier's Checks.

Make payable to: *Charles W. Monteith, MD PA*

Mail this signed form with your payment to:

A Personal Choice  
Attn: Pre-Payment Plan  
3613 Haworth Drive  
Raleigh, NC 27609

**First Name:**

**Last Name:**

**Middle Initial**

**Date of birth:**

**Street Address:**

**Address:** (Line 2)

**City:**

**State / Province / Region:**

**Zip / Postal Code:**

**Home Phone:**

**Cell Phone:**

**Email:**

**Amount of Payment:**

This is a payment for a:

- New Account  Existing Account

**Reversal Pre-payment Account Policy**

1. To lock in your fee quoted during your prescheduling interview your Reversal Pre-Payment Account (RPA) policy form must be returned within 30 days of completing the prescheduling phone interview.
2. Your first RPA contribution must be \$500 or more payable by cashier's check or money order only. A signed pre-payment policy form must accompany each payment.
3. If you finance your remaining RPA balance, your quoted surgery fee will increase to the higher surgery fee we charge for financing reversal surgery. The fee for financing surgery can be found on our website.
4. If you close your RPA before having surgery then a \$500 non-refundable administration fee will be charged.
5. Your RPA must be fully funded within 36 months of opening. For example: you should contribute approximately \$150 each month by the end of 36 months, for a total of \$5900. A Reversal Pre-Payment Account policy form must accompany each payment.
6. If you are unable to have surgery within 36 months of opening your RPA account then your account will be closed and you will be refunded your money minus the \$500 non-refundable administration fee. We will attempt to reach you by email and phone prior to closing your account. If we are unable to reach you when the account is scheduled to be closed, your contributions will be forfeited.
7. It is your responsibility to notify us of any changes to your email address, mailing address and/or phone number.
8. Your phone scheduling interview will need to be repeated when you are ready to schedule surgery.
9. Your complete blood count (CBC) will need to be repeated within 90 days of your surgery date. You or your health insurance will be responsible for the cost of this blood test. We recommend you take a multivitamin with iron while you are contributing to your RPA to decrease the chance you could be anemic when you repeat the blood test.

**Date:**

**Signature:**