NATIONAL BIOLOGICAL

The Phototherapy Experts!

Payment Agreement

I understand it is the responsibility of the purchaser as signed below to pay any and all funds due to National Biological regarding the purchase of the phototherapy device.

The purchaser agrees that he/she has ultimate responsibility for the payment of the device purchased should the third party provider (HMO, Medicare, private insurance carrier, etc.) fail or refuse to pay for any portion of the account balance.

I understand the account balance remaining after 60 days from the date of the invoice is due and payable by the purchaser.

National Biological agrees that should an overpayment exist as the result of reimbursement by a third party provider, the amount of the overpayment shall be refunded to the undersigned or the third party provider upon verification.

☐ **I acknowledge that I have read and agree to all terms above.**

Signature _____

Date _____

Please complete and return via email, fax, or postal mail to the address below.

23700 Mercantile Rd • Beachwood, OH 44122 • (216) 831-0600 or (800) 338-5045 • Fax: (216) 765-0271
Email: info@PhototherapyExperts.com • Website: www.PhototherapyExperts.com