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PAYMENT AGREEMENT

I understand that it is the responsibility of the purchaser as signed below for any and all funds due to National Biological Corporation regarding the purchase for 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 that the account balance remaining after 60 days from the invoice date is due and payable by the purchaser.

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

Acknowledged By:

Date: