

Erlanger Health System
975 East Third Street
Chattanooga, TN 37403

Patient Financial Services
Payroll Deduction Form

I acknowledge responsibility for payment of Erlanger Health System for medical services rendered. The amount due for said services to date is \$_____.

I authorize Payroll to deduct \$_____ a pay period from my wages and continue until this amount has been satisfied in full. (Minimum deduction being \$25.00 per pay period). Deductions are to begin next pay period. A maximum of two accounts can be set up for deduction.

Additionally, I agree that if my employment should terminate before the total due is paid, all of my final check or a portion thereof sufficient to pay the account in full will be applied to the outstanding balance. In the event my final check is insufficient to satisfy the total amount due, I agree to have monthly contract payments set up for me by the Patient Financial Services department to complete my obligations.

Patient Name _____

Employee Name _____

Patient Account Number _____

Employee Number _____

Date of Service _____

Department _____ Cost Center _____

Date _____

Employee Signature _____

Witness _____

Copy to Patient Accounts

Copy to Employee

Copy to Patients file

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