



MPHP Payment Plan

The Medical Professionals Health Program charges a monthly fee to all MPHP participants actively working in their profession. In an attempt to facilitate this process, we have set up a few payment options for you to select from. Please note that waivers and fee reduction options are available.

Participant Name: _____ Date: _____

Please select a payment option:

Monthly Payment by Check

The MPHP will send you a bill on a monthly basis. Payment is due before the end of the month. Please bill me for the \$100 / \$50 / \$25 / _____ (other) monthly fee.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Monthly Payment by Credit Card

Your credit card will be automatically charged on the 15th of each month. Confirmation of payment is available upon request.

Please automatically charge the \$100 / \$50 / \$25 / _____ (other) monthly fee to my credit card.

Name on Credit Card: _____

Card: Visa MasterCard

Credit card number: _____ expiration date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

I prefer that invoices be sent **via mail** **via email***

*(payments can be made online via a payment link when choosing email)

Authorizing Siganture: _____