**MedPro Group Deferred Payment Plan Enrollment**

Required Information:

* Insureds Name:
* Insureds Policy Number:
* Email Address:
* Phone Number:       *(Best number for contact)*

Please allow this notice to serve as my/the insured’s written attestation of a financial hardship. In addition, it is understood that the deferred premium payments will be billed and due in 12 equal monthly installments. It is also understood that any outstanding state taxes and surcharges will be billed and due in full with the first deferred premium payment.

Note from MedPro:

**As an additional safety precaution:** Please do not include any personal financial or credit card information. If approved, a member of MedPro’s Deferred Payment Plan team will contact you / the insured to obtain consent and personal information.

Please submit this form to our billinghelp@medpro.com email to request consideration for the deferred payment plan.