



VETERAN AFFAIR FOREIGN MEDICAL PROGRAM
LETTER FOR PAYMENT AGREEMENT

Date.....Month.....Year.....

I, (Mr./Mrs./Miss)H.N.....

Address

.....

Passport / ID Card Number: Tel

hereby sign this Consent Letter for Payment Agreement with Bangkok Hospital Udon as evidence that, I consent to pay expenses for myself (patient) for the admission and the procedures to the Bangkok Hospital Udon from to the date of discharge, immediately after being requested by the Bangkok Hospital Udon to settle the outstanding balance, in the event of the following circumstances:

- The VA-FMP of the patient rejects to pay partially or all medical expenses due to conditions not covered by the VA-FMP

As evidence, I hereby sign this Consent Letter for Payment Agreement and provide the verified copy of my passport, proof of Thai long-term resident visa or house registration book, reachable email: and reachable telephone number: in the presence of a witness.

Signature.....Promisor
(.....)

Signature.....Hospital Staff
(.....)

Interpreter's statement

I have given a/an language translation of the consent form (Consent Letter for Payment Agreement) and/or any additional verbal and written information given to the patient/parent or guardian via [] Direct communication [] Telecommunication