

INSURANCE

To avoid misunderstanding regarding dental insurance, we wish the persons responsible to know that all professional services rendered are charged directly to them and that they are personally responsible for payment of fees. We will prepare necessary dental forms "Super Bill" to help the persons responsible obtain benefits from their insurance. We do not render our services on the basis that insurance companies will pay all our fees.

Signature _____

Date _____

TRUTH IN LENDING

In compliance with the Federal Consumer Credit-Protection Act, we wish to notify you of our policies regarding payment of statements for services rendered on your behalf:

- We will furnish you a monthly statement of your account showing the amounts billed and credited to you by us for the month, together with a breakdown of the length of time amounts have been outstanding on your account.
- All accounts are due and payable in full within 30 days following the date of the initial billing. If insurance benefits are available, we will gladly assist you in filing a claim. Please bring in or mail us your claim form after you have completed your portion. We cannot accept the responsibility for collection of your insurance benefits; therefore, you are responsible for payment of your account within the time limits stated herein, regardless of the status of your insurance claim.
- If payment of any charge is delayed beyond 90 days, we reserve the right to impose a FINANCE CHARGE on such amounts remaining outstanding. The FINANCE CHARGE will be computed at a PERIODIC RATE of:
- 1½ percent per month, which is an ANNUAL PERCENTAGE RATE of 18 percent.
- The amount on which the PERIODIC RATE is applied shall be the outstanding balance 90 days or more old as of the date of each monthly statement, after deducting all current payments and credits shown on each statement. All payments will be applied to the oldest charges first.
- In the event that suit is necessary to enforce payment of a delinquent account, you are liable for "reasonable attorneys' fees" incurred by us.

SIGN

HERE ✓ _____

Date _____

APPOINTMENTS

A minimum charge of \$20.00 will be made for failed or cancelled appointments without prior notification of 24 HOURS. This fee covers only a portion of the overhead which still has to be paid whether you are present or not. Once an appointment is made, please remember this time has been reserved for you.

Confidential form of Dr. Philip I. Kress