



*Payment is due at the time services are rendered, unless prior financial arrangements have been made. If you are presented with a treatment plan and would like to discuss our financing options, we would be happy to do so.*

We do require that you give us 24 hrs notice on appointment changes. By signing this form you understand that there will be a \$25 fee for missed appointments of an hour length and a \$50 fee for longer appointments if 24 hr advance notice is not given.

As a condition of your treatment by this office, financial arrangements must be made in advance. This practice depends upon the reimbursement from the patients for costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment. If not determined it is assumed you will pay the balance in full at the end of the appointment.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patient's insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company. By signing this form you understand that the fee estimate listed for this dental care can only be extended for a period of six months from the date of the patient examination.

By signing this form you also understand that you are responsible for your account and if necessary, will be held liable for all costs, including but not limited to, reasonable attorney's fees, court costs, and any fees incurred that are necessary for the collection of payment due for services rendered.

#### TRUTH IN LENDING EXPLANATION OF LATE CHARGES AND FINANCE CHARGES

**LATE CHARGE:** If your minimum payment is not received by the due date, you may be assessed a late payment charge. The amount of the late charge to be assessed is that maximum amount authorized under the laws of the state of your domicile. In most states, the late charge will be \$5.00 or 5% of the past due minimum payment, whichever is greater, with a maximum of \$20.00.

**FINANCE CHARGE:** A FINANCE CHARGE is imposed on those charges not paid in full within 30/60/90/120/150 days of the date you were first billed for the charges. The balance on which any FINANCE CHARGE is computed is determined by totaling the charges not paid within the time period shown below on the front of your billing statement.

The FINANCE CHARGE is a period rate of 1.25% per month. (AN ANNUAL PERCENTAGE RATE of 15%) The FINANCE CHARGE is computed by the periodic rate shown above. There is a \$1.00 minimum FINANCE CHARGE.

#### YOUR BILLING RIGHTS UNDER THE FAIR CREDIT BILLING ACT

If you think you have been billed incorrectly, or if you need more information about a transaction on your bill, write to us on a separate sheet at Laney Schuman DMD PC 3120 Maryville Road Granite City, IL 62040. We must hear from you no later than 60 days after we have sent you the first bill on which the error or problem appeared. You may telephone us at 618 797 9940, but doing so will not preserve your rights.

In your letter please include the following information:

1. Your name and account number
2. The dollar amount of the suspected error.
3. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

#### YOUR RIGHTS AND/OR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE

- We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct or explain why we believe the error was correct.
- After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount in question, including finance charges and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.
- If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.
- If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within 10 days telling us that you still refuse to pay, we must tell anyone we report to that you have a question about your bill. And we must tell you the name of anyone we reported you to. When the matter is finally settled between us, we must tell anyone we report you to that it has been settled.
- If we don't follow these rules, we can't collect the first \$50.00 of the questioned amount even if your bill was correct.
- Your continued use of this account constitutes your acceptance of the above stated conditions.

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Signature

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Date

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Relationship to patient