

OFFICE FINANCIAL POLICY

We require payment at the time of service. We expect you to cover the cost of your dental treatment as service is rendered. For your convenience we accept Visa, Master Card, cash, or personal check as payment. Outside financing is available on approved credit.

- We send out monthly statements directly from our office. Full payment is due unless the balance is expected to be paid by insurance.
- Those patients with insurance are expected to pay their estimated amount at the time of their appointment. You are responsible for payment of your account whether or not your insurance pays their estimated portion.
- We will assist you in planning your treatment around your financial considerations, and will always work to help you understand your insurance benefits. We require updated benefit information at all times in order to accurately estimate payment due.
- Those with dental insurance authorize payment of the dental benefits otherwise payable to you directly to Pacific Coast Dentistry and the release of any information relating to insurance claims.

Signature

Date

A photo copy of this document may act as an original

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 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 within the time period shown below on the front of your billing statement. The finance charge is a periodic rate of 1.25% per month and is computed by multiplying the balance on which 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 that you have been billed incorrectly, or if you need more information about the transaction on your bill, write to us on a separate sheet at 143 Niblick Rd., Paso Robles, CA 93446. We must hear from you no later than 60 days after we have sent you the first bill on which the problem or error occurred. You may phone us at (805) 226-8126 but doing so will not preserve the rights. In your letter please include the following information

- Your name and account number
- The dollar amount of the suspected error
- Describe the error and explain why you believe there is an error

YOUR RIGHTS AND OUR 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 the error, or explain why we believe the error was correct.
- After we receive your letter we can not 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 the portion of your bill that we are investigating, but you are obligated to pay the portion that is not in question.
- If we find that we make a mistake on your bill, you will not have to pay any finance charges related to that questioned amount. If we did not make a mistake, you will have to pay any finance charges and make up for the missed payments on the questioned amount. We will send you a statement of the amount you owe and the date it is due.
- If you fail to pay the amount due 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 any one we report you to that you have a question about your bill. We must tell you the name of any one we have reported you to. Once the problem is settled between us, we must notify any one we reported you to that the matter is settled.
- If we do not follow these rules we can not 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.

Signature _____ Date _____