

FINANCIAL AGREEMENT

1. I agree to pay the amount charged by Page Family Dentistry for all professional treatment and services to the patient indicated on the front; payment to be made to Page Family Dentistry, 107 East Locust Street, River Falls, Wisconsin 54022.
2. I authorize Page Family Dentistry to furnish to my dental or health insurance company all the information which said company may request concerning treatment for myself and or dependents.
3. I assign to Page Family Dentistry the dental and/or medical - surgical benefits to which I or my dependents are entitled under my dental or health insurance. I understand that I am financially responsible for all charges.
4. I agree to make payment in full for all charges within 60 days of date of service unless a written financial agreement has been made in advance.
5. Sixty days after statement closing date (always a minimum of 60 days from date of service), I agree to pay Page Family Dentistry a **FINANCE CHARGE** computed at the periodic rate in the State of Wisconsin of 1% per month (12% annually).
6. This **FINANCE CHARGE** will be applied to my adjusted balance - (previous balance after deducting current payments and/or credits appearing on my statement).
7. I can avoid incurring a **FINANCE CHARGE** by paying my account balance in full within 60 days of service provided that payment is received by Page Family Dentistry before the next billing date. This allows for a minimum of 60 days from date of service to pay account without incurring a **FINANCE CHARGE**.

IN CASE OF BILLING ERRORS OR INQUIRIES ABOUT YOUR BILL

The Federal Truth in Lending Act requires prompt correction of billing mistakes.

- I. If you want to preserve your rights under the Act, here's what to do if you think your bill is wrong or you need more information about an item on your bill.
 - A. Do not write on the bill. On a separate sheet of paper write the following: (You may also telephone your inquiry, **but doing so will not preserve your rights under this law.**)
 1. **Your name.**
 2. **A description of the error and an explanation (to the extent you can explain) why you believe it is an error. If you only need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charge. Do not send in your copy of any document relating to that charge unless you have a duplicate copy for your records.**
 3. **The dollar amount of the suspected error.**
 4. **Any other information (such as your address) which you think will help us identify you or the reason for your complaint or inquiry.**
 - B. Send your billing error notice to: Page Family Dentistry, 107 East Locust Street, River Falls, Wisconsin 54022.
 - II. We must acknowledge all letters pointing out possible errors within 30 days of receipt unless we are able to correct your bill during that 30 day period. Within 90 days after receiving your letter, we must either correct the error or explain why we believe the bill was correct. Once we have explained the bill, we have no further obligation to you even though you still believe there is an error, except as explained the Paragraph V below.
 - III. After we have been notified, neither we nor an attorney nor a collection agency may send you collection letters or take other collection action with respect to the amount in dispute: but periodic statements may be sent to you, and the disputed amount can be included in determining your present account balance. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until we have answered your inquiry. However, you remain obligated to pay that portion of your bill which is not in dispute.
 - IV. If it is determined that we have made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out that we have not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, we must send you a written notification of what you owe; and if it is determined that we did make a mistake in billing the disputed amount, you must be given the time to pay which you normally are given to pay undisputed amounts before any more finance charges or late payment charges on the disputed amount can be charged to you.
 - V. If the explanation given by us does not satisfy you and you notify us in writing within ten days after your receive its explanation that you still refuse to pay the disputed amount, we may report you to credit bureaus and other creditors and may pursue regular collection procedures. But we must also report that you think you do not owe the money, and we must let you know to whom such reports were made. Once the matter has been settled between you and us, the resolution of the matter must be reported by us to all parties to whom it had originally reported you as delinquent.
 - VI. If we do not follow these rules, we are not allowed to collect the first \$50.00 of the disputed amount and finance charges, even if the bill turns out to be correct.
- ** The Federal Equal Credit Opportunity Act prohibits from discriminating against applicants on the basis of sex or martial status. The Federal agency which administers compliance with this law concerning this dentist is the Federal Trade Commission, 55 East Monroe Street, Chicago, Illinois 60603.