

## **TRUTH IN LENDING**

We do charge for a missed appointment. That fee is based on the time of the appointment and is 15 dollars for each 10 minute period. We also charge interest after 30 days on all cash accounts and 60 days after insurance payment is made on those accounts. The rate of interest is 1.5% per month.

### **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 to Dr. Robert Everett, DMD, P.C. 325 Portland Avenue, Gladstone, OR 97027. 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 503-656-8426, but doing so may not preserve your rights. In your letter please include the following information:

- Your name and account number
- The dollar amount of suspected error
- Describe the situation 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 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 did not 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 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 that we report you to that you have a question on 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 reported you to that it has been settled.

If we do not follow these rules, we cannot 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.

**I have read and acknowledge the information on this and the insurance and appointment page.**

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_