

## Federal Truth In Lending Disclosure Statement

Creditor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Under the terms of our agreement, the total fee for services to be paid is, \$ \_\_\_\_\_. This amount is to be paid as follows: Initial payment of \$ \_\_\_\_\_ due on \_\_\_\_\_. Balance of \$ \_\_\_\_\_ to be paid in \_\_\_\_\_ installments of \$ \_\_\_\_\_, due on the \_\_\_\_\_ of each month beginning \_\_\_\_\_.

A monthly late charge of \_\_\_\_\_ (\$ \_\_\_\_\_ min. - \$ \_\_\_\_\_ max.) may be applied to all delinquent accounts.

<b>Amount Financed</b> The amount of credit provided to you on your behalf:	<b>Annual Percentage Rate</b> The cost of your credit as a yearly rate:	<b>Finance Charge</b> The dollar amount of the credit will cost you:	<b>Total of Payments</b> The amount you will have paid after you have made all payments:	<b>Total Fee</b> The total cost of treatment on credit including your initial payment of:

I HEREBY CERTIFY THAT I HAVE READ AND RECEIVED A COPY OF THE TRUTH IN LENDING STATEMENT PRIOR TO ANY CHARGES BEING MADE TO MY ACCOUNT.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_