

Sandro Frangella, D.D.S. P.C.
Ronda Fleisher, D.M.D.
221 Taylors Mills Road
Manalapan, NJ 07726
732-303-0322

FINANCIAL UNDERSTANDING

DATE: _____
PATIENT: _____
RESPONSIBLE PARTY: _____

My choice is as follows;

- 1) Payment in full today.
- 2) Please submit my assigned insurance form, and I will leave ___% of the fee today. I understand that the office will pursue insurance claims up to 60 days. The balance is then due and payable by me. Please place the balance on my credit card (MC/VISA) of which a copy has been placed in my chart after notifying me.
- 3) Please spread my payment over ____ months, and I hereby authorize you to charge my credit card (MC/VISA) of which a copy has been placed in my chart, on the first of each month in equal payments.

NOTE: ANY ACCOUNT THAT IS SENT TO COLLECTION, WILL BE REQUIRED TO PAY ANY AND ALL LEGAL FEES (ATTORNEY, FILING FEES, ETC.) ALSO NOTE ANY ACCOUNT NOT PAID IN FULL AFTER 90 DAYS WILL BE SUBJECT TO MONTHLY FINANCE CHARGES.

Choice of payment method:

- a) Cash
- b) Check
- c) Charge (circle one) VISA MC

(Signature)

RELEASE OF INFORMATION:

I authorize the release of any medical or personal information to process any insurance claims.

(Signature)

ASSIGNMENT OF BENEFITS:

I hereby assign and direct all insurance payments to Drs. Frangella & Fleisher for care rendered.

(Signature)