



LORI TREMBATH, D.D.S. P.C.
FAMILY DENTISTRY

Collections

I agree to pay any dental bill I incur when it is due. If my account is sent to collections, I agree to pay all costs to collect my bill including collection agency costs, attorney's fees and court costs.

Date: _____ Sign: _____ Print Name: _____

I agree that my credit card maybe charged to pay my account if it is more than 60 days overdue.

- MC
- Visa
- Discover

Credit Card # _____

Expiration Date: _____ Zip Code _____ CVV _____

Date: _____ Sign: _____

Print Name: _____