

Robert T. Rousseau
The Medical Quarters – Suite 145
5555 Peachtree Dunwoody Road
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BILLING STATEMENT

OPTIONS:

1. **PAY AT TIME OF APPOINTMENT – CHECK – CREDIT CARD (WE ACCEPT ALL MAJOR CREDIT CARDS).** _____

OR

2. **AS AN EXTENDED COURTESY, WE CAN ACCEPT PAYMENT BY YOUR INSURANCE COMPANY. AFTER YOUR INSURANCE PAYS US WE WILL CHARGE YOUR CREDIT CARD ON FILE FOR THE REMAINING BALANCE.** _____

3. **YOU WILL RECEIVE A STATEMENT AT THE BEGINNING OF EACH MONTH IF THERE IS A BALANCE ON YOUR ACCOUNT. THE BALANCE WILL NEED TO BE PAID IN FULL BY THE 20TH OF THE MONTH AFTER RECEIVING THE STATEMENT UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. YOU MAY MAIL US A CHECK FOR THE BALANCE BY THE 20TH - IF NOT RECEIVED, WE WILL CHARGE YOUR CREDIT CARD ON FILE.** _____.

Our office offers Care Credit for transactions over \$200.00 and in house payment plans. IN HOUSE PAYMENT PLANS ARE AVAILABLE FOR RESTORATIVE TREATMENTS ONLY.

PLEASE COMPLETE THE FOLLOWING:

CARD NUMBER: VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS

CARD NUMBER

EXPIRATION DATE

SIGNATURE

DATE