

Professional Services By:

Professional Dentist DDS

①

For Billing Questions Call: 1 (800) 574-7064

Patient Name
123 W. Molar St.
Dental, CA 00000

⑦

- ☐ Mark box if address has changed.
Indicated information changes on reverse side.

Account Balance

Account Number

② 179.25

③ 0003-1717

Minimum Payment Due

Amount Enclosed

④ 40.00

⑤

Payment Due Date

7/20/02

⑥

Please Remit Check Payable To: F.P.C.

*First Pacific Corporation is an exclusive
billing and payment processing
company for dental professionals.*

We accept Mastercard and Visa.
See reverse side for details.

Date	Name	Description	Charges	Credits	Balance
⑧		PREVIOUS BALANCE			124.00
2/26/02	MARGA	CANCEL APPT LESS THAN 24 HRS			
3/09/02	MARGA	R.E. H Insurance Payment			
3/12/02	MARGA	RESIN-2 SURF, PST PRIMARY	104.00	48.75 CR	
3/13/02	MARGA	Ins Billed to R.E. H for	104.00		
DUE DATE 07/20/02 ⑥			ACCOUNT BALANCE		179.25 ⑬

Statement Message

⑭

YOUR DOCTOR INDICATES YOU HAVE INSURANCE. PLEASE SEND US THE MINIMUM PAYMENT SHOWN ABOVE, WHICH REPRESENTS AN INSTALLMENT OF YOUR PORTION OF THE BILL.

Service Provider		Account Number		Account Name		Due Date	
① PROFESSIONAL DENTIST DDS		③ 0003-01717		PATIENT NAME		⑥ 7/20/02	
Account Age	+ Previous Balance	- Payments and Credits	+ Charges	+ Finance Charge	= New Balance	Balance that Finance Charge is Computed	Minimum Payment Due
⑫ 60	⑩ 124.00	⑪ 48.75	⑨ 104.00	⑨ 1.04	⑬ 179.25	⑮ 75.25	⑭ 40.00

Time period to avoid finance charge: finance charges are imposed on those charges not paid in full within ⑯ 60 days of the date you were first billed for the charges.
NOTICE: See reverse side for explanation of Finance Charge, Late Charge and other important information.

PLEASE INDICATE IF ANY OF THE FOLLOWING INFORMATION HAS CHANGED
(Information will only be used to update your billing information.)

Your Name _____ Home Phone _____
Street _____ City _____ State _____ Zip _____
Insurance Company _____ Contract No. _____ Ins. Group /Plan _____
Employer _____ Business Phone _____

Please fill out the section below:

☐ VISA  ☐ MASTERCARD  ☐ DISCOVER 

MO. YR. _____
CARD NUMBER _____ EXPIRATION DATE _____
CARD HOLDER'S SIGNATURE _____
PLEASE PRINT NAME _____ \$ _____
AMOUNT _____

 **FIRST PACIFIC CORPORATION**
OVER 40 YEARS OF TRUSTED SERVICE

Please Remit Check Payable To: F.P.C.

*First Pacific Corporation is an exclusive
billing and payment processing
company for dental professionals.*

PO Box 3000 • Salem, OR 97302-8001

FACTS OF INTEREST ABOUT FIRST PACIFIC CORPORATION

We are a computerized billing agency exclusively for professionals who use our services in order to spend more time with their patients or clients. We prepare your monthly statements, receive and record your payments.

Any payments received after the payment due date as shown on the front of this statement will be recorded on your next statement.

INSURANCE BILLING

Even though an insurance claim may be pending, you will receive a statement if your account has an outstanding balance. We recommend you take advantage of our payment schedule which permits you to pay installments on your estimated share, pending settlement by the insurance company.

First Pacific Corporation is prepared to assist you with any questions or concerns you may have regarding your account. For information or assistance regarding this statement, please contact First Pacific Corporation's Patient Services Department. Please include your account number on all correspondence. Letters of inquiry and payments should be addressed to:

First Pacific Corporation
PO Box 3000
Salem, OR 97302-8001

1-800-574-7064

EXPLANATION OF LATE CHARGES AND FINANCE CHARGES

LATE CHARGE: If your minimum payment is not received by the due date, you may be assessed a late payment charge. The amount of the late payment charge to be assessed is the maximum amount authorized under the laws of the state of your domicile. In most states, the late charge will be \$5.00 or 5% of the past due minimum payment, whichever is greater, with a maximum of \$20.00, excluding Montana which is zero. **FINANCE CHARGE:** A **FINANCE CHARGE** is imposed on those charges not paid in full within 30/60/90/120 days of the date you were first billed for the charges. The balance on which any **FINANCE CHARGE** is computed is determined by totaling the charges not paid within the time period shown below on the front of your billing statement. The **FINANCE CHARGE** is a periodic rate of 1.25% (1% in Washington - .58% in Michigan - .66% in Kentucky - .83% in Missouri) per month. (AN ANNUAL PERCENTAGE RATE of 15% - 12% in Washington - 7% in Michigan - 8% in Kentucky - 10% in Missouri). The **FINANCE CHARGE** is computed by multiplying the balance on which the **FINANCE CHARGE** is computed by the periodic rate shown above. There is a \$1.00 minimum **FINANCE CHARGE** (50¢ minimum in Minnesota).

YOUR CONTINUED USE OF THIS ACCOUNT CONSTITUTES YOUR ACCEPTANCE OF THE ABOVE STATED CONDITIONS.



- ① Your Dentist.
- ② Your dental account balance at the time the statement was printed.
- ③ Your dental account number.
- ④ Minimum payment due on your dental account before the next due date.
- ⑤ Please indicate the payment amount you are enclosing.
- ⑥ Your payment must reach First Pacific Corporation by this date in order to avoid incurring a late charge.
- ⑦ Please mark box to indicate address change on back side
- ⑧ The date of activity on your dental account.
- ⑨ The description of activity on your dental account. This area will include any charges, payments or adjustments, late payment and finance charges if applicable.
- ⑩ The balance as of your last statement.
- ⑪ The amount of any charges, payments, insurance billings or adjustments to your dental account.
- ⑫ Shows the number of days account is past due.
- ⑬ Your new dental account balance as of this statement.
- ⑭ This message gives you important information on your account.
- ⑮ If your charges have reached a point where they are being assessed a finance charge, the balance of that amount is noted here.
- ⑯ The number of days before finance charges begin accruing on your dental billing. You have up to this point to pay your charges in full to avoid this fee.



• Facts of Interest:

- Please feel free to use the toll free number on this statement. We will be happy to assist you.

• Insurance Billing:

- First Pacific Corporation will mail a monthly statement as long as there is an outstanding balance on your account.

- Your statement will reflect all activity during the past month.

- By taking advantage of our payment schedule you have an opportunity to make monthly installments pending insurance payment.

• Billing Inquiries:

- Please note our toll free phone number and address. Should you have any questions, you may contact our office.

• Explanation of Late Charges and Finance Charges:

- See explanation to the right.