

**Ian J. Langer, D.M.D. LLC
Practice Limited to Endodontics
N.J. Specialty Permit #3336**

140 St. Paul Street

Westfield, N.J. 07090

(908) 232-7668

Circle One: Mr. Dr. Mrs. Miss Ms.

Name _____ Age _____

Street _____ Birth Date _____

City, State _____ Zip _____ Phone(____) _____

Social Security No. _____ Cell Phone _____

TERMS OF RENDERING SERVICES AND GUARANTEE

I, the undersigned, for and in consideration of Dr. Ian J. Langer providing endodontic services hereby agree as follows:

- A. Payment shall be made in full by the final appointment; and
- B. Any bill not paid in full within 30 days of final treatment shall include a finance charge of 1 ½ percent per month on the unpaid balance; and
- C. In the event my account is referred for collection, I agree to pay all the finance charges, collection cost, plus attorney's fees equal to 33% of the unpaid balance; and
- D. I personally guarantee all payments; and
- E. I expressly waive Notice of Indebtedness, default, presentment, demand, protest and notice of protest on any and all forms of such indebtedness; and
- F. I expressly consent to the Jurisdiction of New Jersey, Venue of Union County, and the laws of the State of New Jersey control.

Signature (Patient or Guarantor)

Date: _____

Signature on File for Insurance

Authorization

I authorize the release of all information, records and x-rays to my insurance company. A copy of this statement and signature or the statement "Signature on File" is authorized in-lieu of my original signature.

Patient's Signature

Assignment of Benefits

I hereby assign all insurance benefits to the above named dentist otherwise payable to me. A copy of this statement and signature or the statement "Signature on File" is authorized in-lieu of my original signature on my insurance form.

Patient's Signature