James J. Tomassetti, DMD
Diplomate, American Board of Orthodontics

APPLE CREEK ORTHODONTICS LTD
of Appleton

Edward Y. Lin, DDS, MS
Diplomate, American Board of Orthodontics

Responsible Party Information

Patient name: _____ Today's date: _____

Please complete the following for us, in order to set up your account correctly, the account will be set up in this name. It's our goal to make financial arrangements as convenient as possible for all concerned.

Person responsible for paying this account: _____

Home address: _____

City: _____ State: _____ ZIP: _____

I understand that a credit bureau report will be obtained as Apple Creek Orthodontics Ltd. offers interest-free payment plans dependent on credit history.

If the person(s) responsible for payment will not be present for the initial appointment, the lower portion of this form must be completed:

In many instances involving divorce, separation or shared custody situations, the individual responsible for payment of an account is different from the person accompanying the patient to the office for care. In these situations, the signature of the person or persons responsible must be provided below.

I (we) the undersigned, accept responsibility for payment of all costs incurred on the behalf of:

Patient name _____

Signature of responsible party _____ Date _____

Signature of responsible party _____ Date _____

If no signature of responsibility is provided, the Laws of Wisconsin state that the person accompanying a minor patient for care is responsible for all financial obligations regardless of court decrees or other legal or personal arrangements.

Initials _____