

**FAMILY PHYSICIAN'S OF SOUTHERN NEVADA**  
**1470 E. Calvada Blvd. Suite # 100**  
**Pahrump, NV. 89048**  
**Phone: (775) 751-6111**

**FEDERAL TRUTH IN LENDING STATEMENT**

Patient \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent, if minor \_\_\_\_\_

- |                                 |          |
|---------------------------------|----------|
| 1. Cash Price (fee for service) | \$ _____ |
| 2. Cash Down Payment            | \$ _____ |
| 3. Unpaid Balance of Cash Price | \$ _____ |

Payment is payable to Family Physician's of Southern Nevada at the above office address

In \_\_\_\_\_ monthly installments of \$ \_\_\_\_\_. The first  
Installment is payable on \_\_\_\_\_, and each subsequent payment  
is due on the same day of each consecutive month until paid in full.

Date \_\_\_\_\_ Signature of Patient \_\_\_\_\_

Signature of Billing Dept. Rep. \_\_\_\_\_