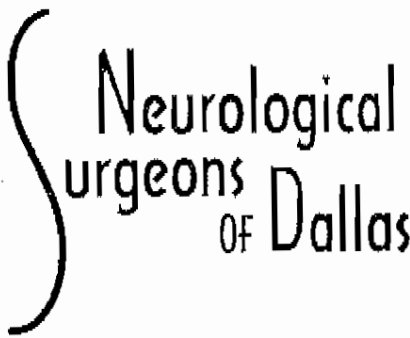


W. Robert Hudgins, M.D.
Frank Castillon, III M.D.
Mark W. Glass, PA-C



7515 Greenville Avenue, Suite 1030
Dallas, Tx 75231
Phone: 214-691-2111
Fax: 469-916-8713

FINANCIAL POLICY

We are dedicated to providing you with the best possible care and service and we regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff or the office manager.

Full payment is due at time of service, unless either you or your health coverage carrier makes other arrangements in advance. If we are a participating provider on your insurance plan, we will file the claim as a courtesy to you. However, all patient copayments, deductibles and co-insurance amounts are due at the time of service.

This practice does not accept LOP (letter of protection) from attorneys. Nor do we accept PIP (personal injury protection) insurance policies. PIP patients must pay up front at the time of service. We DO NOT file PIP insurance.

If your visit is related to a worker's compensation injury, you must notify the office before this visit so we are able to verify your coverage in advance. Failure to do this will result in your appointment being rescheduled. All services for worker's compensation patients must be authorized in advance by your adjuster and workers compensation carrier. We cannot control the outcome of authorization requests nor can we control the promptness or lack-there-of on the part of your adjuster or carrier.

REGARDING YOUR INSURANCE

Please call the customer service number on the back of your insurance card and confirm that we are in your plan as an in-network provider. Due to constant changes in these plans we are unable to keep a current list updated at all times and would appreciate your participation in this process.

We have existing relationships and/or contracts with many insurance carriers and health plans. We will file claims for all in-network carriers and will collect any patient responsibility including copayments, deductibles and/or co-insurance amounts at the time of service. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. In the event that we will bill you payment is due upon receipt.

If you have insurance coverage with a plan with which we are not contracted, we will prepare and send the claim for you, on an unassigned basis. In this case, your insurer will send the payment directly to you. Therefore, charges for your care and treatment are due at the time of service.

We will also bill your health plan for all services that we provide in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

Outstanding balances not paid within 90 days will be forwarded to a collection agency and reported to all major credit bureaus.

MISSED APPOINTMENTS

In order to provide the best possible service and availability to all of our patients, appointments should be cancelled or rescheduled at least one-day prior. This will allow us to give this time to someone else waiting for an appointment. Failure to provide at least 24 hour advance notice will result in a no-show/cancellation fee of \$ 75.00

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms are amended from time to time by the practice.

Signature of Patient

Date

Signature of Co-responsible Party