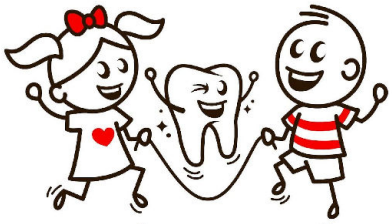

Woodside Pediatric
• Dentistry •

Jennifer Woodside, D.D.S.
331 Walker Drive, Suite 2
Warrenton, VA 20186
(540) 341-0014

Financial Agreement

I acknowledge personal responsibility for any monies not paid by my insurance carrier, except that which is limited by contractual agreement between the dentist and the insurer.

I recognize that payment for all co-pays and pre-determined out-of-pocket expenses are **due in full at the time of service**. I acknowledge that these collected co-payments are estimates and I am responsible for any balance the insurance company does not pay. I understand that if my account has not been paid in full after 60 (sixty) days from the date of service, a finance charge of 1.5% per month will be applied on my balance.

In the event that my account is placed in the hands of a collection agency or attorney for collection, I agree to pay all costs and expenses related to the collection thereof, to include a thirty-three (33%) collection fee.

A copy of my signature consenting to this agreement is valid as the original.

_____ _____

Responsible Party's Signature Date