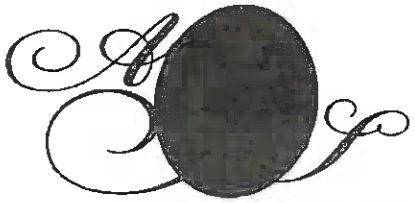

A. Scott Grivas, III, DDS, Inc.

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have questions about fee, the financial policy, or your responsibility. This is an agreement between our Professional Corporation, as Creditor, and the Patient/Debtor named on this form. By executing this agreement, you are agreeing to pay for all services that are received.

PAYMENTS:

* NON-INSURANCE-Payment in full is expected at the time each service is rendered, unless specific arrangements in writing are made in advance.
* INSURANCE-Insurance companies usually pay only a portion of the total fee for most procedures. We ask that your estimated portion be paid as services are rendered. Insurance is a contract between you and your insurance company. We bill insurance claims as a courtesy to you. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary coverage, "usual and customary" charges, etc., other than to supply factual information. You are responsible to follow-up with your insurance company for unpaid claims. Although we may estimate what your insurance may cover, it is the insurance company that makes the final determination of your eligibility. The Professional Corporation's policy is not to waive any co-pays or deductibles, not to bill "insurance only," and not to offer professional courtesy discounts.

MONTHLY STATEMENT: If you have a balance on your account you will receive a monthly statement. The balance is due and payable when issued, and is past due if not paid at the end of the month.

FINANCE CHARGE: A finance charge will be imposed on each item on your account which has not been paid within (30) thirty days of the time the item was added to you account. The FINANCE CHARGE will be computed at the rate of 1.5% per month or 18% per year.

RETURNED CHECKS: there is a fee ($25.00) for any checks returned by the bank.

MISSED APPOINTMENT FEE: Missed appointments, or cancellations with less than 48 business hours notice will be charged a fee of ($55.00) for prophy appointments and (25%) of the estimated fee of all other appointments. We will waive this fee if we are able to fill your appointment time.

PAST DUE ACCOUNTS: If your account becomes past due necessary steps will be taken to collect this debt. If your account is referred to a collection agency or attorney, you agree to pay all collection costs and attorney fees incurred. In case of suit, the venue will be held in Sacramento County. All accounts ninety (90) days past due are eligible for referral to a collection agency.

TRANSFERRING OF RECORDS: You will need to request in writing and pay a reasonable copying fee ($25.00) if you wish to have copies of your records including all relevant information and payment history sent to another doctor or agency.

DIVORCE: The person responsible for the account prior to the divorce or separation remains responsible for the account. The parent authorizing treatment for a child will be responsible for subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs it is the authorizing parent's responsibility to collect from the other parent.

WORKERS COMPENSATION: We require written approval/authorization by your employer and/or workers compensation carrier prior to your initial visit.

CO-SIGNER: If another person signs this financial policy, that co-signature remains in effect until canceled in writing.

EFFECTIVE DATE: Once your have signed the new patient form acknowledging receipt and understanding of the financial policy you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Patient Signature Date

2 Scripps Drive, Suite 202 • Sacramento, CA 95825 • *Phone* 916-929-9222 • *Fax* 916-929-5848