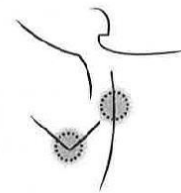


The Joint Replacement Center of Scottsdale



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TIN#: 205137694

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Terms and Conditions

Financial responsibility on the part of each patient must be determined before treatment. As a condition of your treatment by Joint Replacement Center of Scottsdale, financial arrangements must be made in advance. However, this office cannot render services on the assumption that our charges will be paid by an insurance company.

This office will exercise its best efforts to furnish patients an estimate of their insurance benefits. Since policy benefits and conditions change often and sometimes accurate information cannot be obtained, this office cannot make a totally accurate estimate of the remaining balance. It is to be paid by the patient at the time of service. Any account that is past due will be sent to an outside collection agency. The patient will be held responsible for all legal costs including 30 percent processing fee from the collection agency.

Recommended treatment is based on the patients' health needs, NOT on insurance benefits. The determination of proper treatment is a matter best decided between Theodore Firestone MD and the patient through sharing of related information and NOT dictated by an unseen third party whose motivation is not to protect the patients' healthcare.

I grant permission to you and your employees to contact me by telephone to discuss matters related to this form.

I have read and agree to the above financial conditions of treatment by Joint Replacement Center of Scottsdale.

Signature _____ Date _____