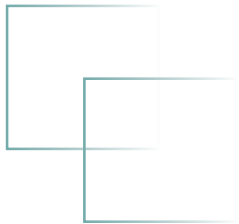


**PATIENT IS RESPONSIBLE
TO NOTIFY US IN CASE OF
ERRORS OR QUESTIONS
REGARDING YOUR BILL:**

If you think your bill (statement) is wrong, or if you need more information about a transaction on your bill, write or phone us as soon as possible. We must hear from you no later than 60 days after we send you the first bill on which the error or problem appeared. You can telephone us, **HOWEVER YOU MUST SPEAK WITH A MEMBER OF THE BUSINESS OFFICE. LEAVING A MESSAGE WILL NOT PRESERVE YOUR RIGHTS.**



In your letter, the following information must be provided:

- Your name and account number
- The dollar amount of the suspected error
- Describe the error and explain, if you can, why you believe there is an error

Physician Group
OF UTAH, INC.

406 West South Jordan Parkway
Suite #500
South Jordan, Utah 84095

Phone: 801-984-3400
Fax: 801-984-3481
www.PhysicianGroupUT.com



**YOUR
BILLING
RIGHTS**

This notice contains important information about your rights and our responsibility under the Fair Credit Billing Act.

Physician Group
OF UTAH, INC.

*A COPY OF THIS NOTICE MAY
BE PROVIDED UPON REQUEST*

YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE:

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 60 days we must correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount NOT in question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. If we find that we made a billing error on your account, you will not have to pay any finance charges related to any questioned amount. IF WE FIND YOUR ACCOUNT CHARGES TO BE CORRECT, YOU MAY PAY FINANCE CHARGES, AND YOU WILL HAVE TO MAKE UP ANY MISSED PAYMENTS ON THE QUESTIONED AMOUNT. In either case, we will send you a statement of the amount you owe and the date that it is due.

IF AT THAT TIME, YOU DO NOT PAY THE BALANCE OF YOUR ACCOUNT, WE MAY REPORT YOU AS DELINQUENT.

FINANCE CHARGE

The finance charge is an annual percentage rate of 18% applied to the 90 day balance after deducting payments and credits appearing on this statement.

MANAGED CARE/ COMMERCIAL INSURANCE

The Physician Group of Utah, Inc. physician clinics have agreements with many managed care insurance companies and will abide by the agreement, including billing and collecting. The patient is responsible for any co-pays, deductibles or non-covered services as dictated by their managed care plan.

IT IS THE PATIENT'S RESPONSIBILITY BEFORE MAKING AN APPOINTMENT, TO CONFIRM WITH THEIR INSURANCE COMPANY WHETHER THE PHYSICIAN IS COVERED AS AN IN-NETWORK PROVIDER FOR THEIR PLAN. THE PATIENT IS RESPONSIBLE FOR SERVICES RENDERED BY THE PHYSICIAN GROUP OF UTAH, INC. AND PHYSICIANS THAT ARE NOT PROVIDERS OR IN-NETWORK PROVIDERS FOR THEIR PLAN.

If an overpayment occurs, the Physician Group of Utah, Inc. will refund the patient or the insurance company, whoever is due, within a reasonable length of time.

PERSONAL PAY PATIENTS

As a courtesy to our personal pay patients, a discount is extended for specified services. The largest discount is available when services are paid in full on the date of service. Please ask about any discounts that may be available.



PAYMENT ARRANGEMENTS

Services are payable upon date performed or upon receipt of monthly statement. If extended terms are required on balances, The Physician Group of Utah, Inc. Central Billing Office will need to be contacted to establish a payment schedule. For your convenience we accept VISA, MASTERCARD and DISCOVER CARD.



ATTORNEY/ COLLECTION FEES

In the event it becomes necessary to refer the account to an ATTORNEY, or OUTSIDE COLLECTION AGENCY, you hereby agree to pay all attorney fees, court costs, and a 20% COLLECTION FEE.