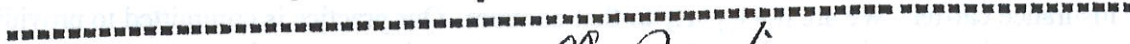


Account Representative: 7110692

Clinical Trial/Private Practice Date Treatment Started \_\_\_\_\_



Consultation Deposit 1,500.00 Paid  
Patient Lab Deposit: 4,000.00  
Medical Services Deposit 10,000.00  
Supplies: 450.00

Supplies Deposit: \_\_\_\_\_

Pump Deposit: \_\_\_\_\_

New Refurbished Used

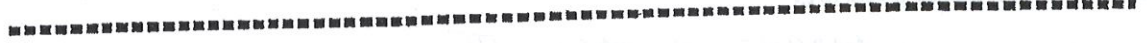
Total Due: \_\_\_\_\_

Clinical Trial

Total Paid: 14,000.00

Private Practice

Credit/Balance: \_\_\_\_\_



Check #  Cash \$ \_\_\_\_\_ Discover \$ \_\_\_\_\_ Visa \$ \_\_\_\_\_

AMEX \$ \_\_\_\_\_ M/Card \$ \_\_\_\_\_ Travelers Check \$ \_\_\_\_\_

Wire Transfer \$ \_\_\_\_\_

**\$4500.00 DEPOSIT due on date of discharge plus balance from the initial stay at clinic. \$4500.00 due each month thereafter. I have read and understand my financial obligations for my treatment costs.** \_\_\_\_\_

... may accept assignment of benefits only if you have been approved to that treatment, for all insurance companies except Medicare, as we have opted out of the Medicare program. However, we still require that you make all required monthly deposits on your account until your insurance begins to make consistent payments on your account. If your insurance does not pay, you are responsible for the full amount due on your monthly statement. Your insurance contract is a contract between you and your insurance carrier. We are not a party to that contract. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination benefits or usual and customary rates. Please be aware that some and perhaps all of the services provided may be non-covered and/or may not be considered reasonable and necessary under your medical insurance plan.

In addition, although infrequent, some insurance companies have initially paid for the treatment, but have later determined that payment was made by mistake or otherwise claim that payments should not have been made. In these rare occasions, insurance companies have demanded repayment. In the event this occurs with your insurance company, you will be responsible to repay the insurance company all amounts it paid to the clinic on your behalf. You will also hold harmless and defend the clinic and Dr. Burzynski, against any action brought by your insurance company for the recovery of monies paid to the clinic for your treatment. Please be aware, should your insurance company for any reason reimburse you personally for your treatment or medications, you are obligated to send these payments to the clinic to be applied to your account.

. I understand that fees are subject to change. I also understand that failure to comply with these financial requirements could result in suspension of my treatment.

**You are responsible for following up with your insurance company and for timely payment of your account. After 60 days, it is the patient's responsibility to pay the balance, even if there is an insurance claim pending.**

PRINT PATIENT NAME: WAYNE D. MERRITT

SPOUSE/PARENT: [Signature]

PATIENT SIGNATURE: X Wayne D. Merritt

SIGNATURE OF CO-RESPONSIBLE PARTY: X \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

### INITIAL CONSULTATION FEES AND LABORATORY TESTING FEES

You will need to pay \$1,000.00 for your initial consultation, and \$500.00 medical records evaluation fee (if not been paid in advance), and \$4,000.00 for lab testing after the consultation.

In order to begin treatment, the patient must be willing to leave all films with the clinic, including films made during the course of treatment. The clinic cannot make copies of films; therefore; in the future, if copies of films are needed, the patient from the site at which the films were made must obtain them. Initials ( WJM ).

### DEPOSITS REQUIRED TO INITIATE TREATMENT

I understand an initial deposit of \$10,000.00 is required in order to start the regimen. Should additional services be necessary such as **IV medications or oral medications, additional deposits will be required for each medication.** Payment for the balance will be due upon discharge from the clinic (Initials WJM ). The patient and family members should plan to stay 14 to 21 days during their initial visit. The length of the stay is determined by the patient's medical status and needs.

Each patient comes to us at varying levels of disease progression and with individual medical needs. The charges to initiate the regimen include complex review and evaluation of the case & medical history, daily patient assessment, daily supervision and management of the regimen, review of diagnostic tests, regimen plan and treatment analysis, follow up visits with the medical staff, telephone conferences, IV instruction if IV treatment is prescribed, and necessary medical supplies.

### \* OTHER EXPENSES:

The fees listed above do not include services rendered by other providers. You will be billed separately by the proved of service. You will receive a physician's order with payment arrangements.

Any medications prescribed to you in addition to Sodium Phenylbutyrate as part of your treatment regimen will be provided by the clinic for the initial ninety days. The fees will be in addition to your initial treatment deposit. \_\_\_\_\_

### I.V. PUMPS – SINGLE CHANNEL

The patient will require an infusion pump in order to start treatment. A deposit for the pump is required before the first day of class. Due to the delicate nature of the pump, only mechanical failures will be covered under the warranty. Should any abuse of the pump occur such as it being dropped, submersed in water, etc. the warranty is invalid and the patient will be responsible for any and all cost of repair. (        )