



6727 Hwy 431 S, Suite L, Owens Cross Roads AL 35763

256-489-2870

COLLECTIONS DISCLOSURE

AGREEMENT TO PAY:

I, the undersigned, accept the fee charges as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees, and/or court costs, if such be necessary.

EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE:

You agree, in order for us to service your account or to collect monies you may owe, *Curis Pain and Wellness* and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that *Curis Pain and Wellness*, it's employees, and/or agents may contact me/us as described above.

Responsible Party Signature: _____ Date: _____

ACKNOWLEDGMENT

I acknowledge that I have received a copy of the "Welcome to Our Practice" letter. I have read and understand the content of the letter. I have had the opportunity to ask questions and agree to comply with the policies set forth in the letter.

Print Name: _____ Date: _____

Signature: _____