



12444 SO 300 E • DRAPER, UT 84020 (801) 572-5403

FEE AGREEMENT

1. Cash, check, or credit card payments are accepted. I will pay Lone Peak for services rendered according to Lone Peak fee schedule. I understand that Lone Peak has the right to revise its fee schedule from time to time as it sees fit. I understand that any estimates as to the cost of services are not binding and agree that I will pay for all services actually rendered.
2. I understand and agree that, except as otherwise provided herein, payment must be made at the time services are rendered. I agree that I will pay one-half of the costs of any scheduled surgery, that the estimated fee for which is \$100.00 or more, in advance of the surgery and the balance at the time surgery is completed.
3. I understand that Lone Peak will impose a \$20.00 fee on all returned checks. Lone Peak has the right to require payment by cashiers check if I issue a dishonored check.
4. I agree to pay for all costs, including attorney's fees, collecting agency fees which amount to 45% of the outstanding balance incurred by Lone Peak, with or without suit, in the collection of any account due from me.
5. I acknowledge that Lone Peak reserves the right to discontinue rendering services for any reason including non-payment. I agree to hold Lone Peak and its owners, directors, agents, and employees harmless for any damages suffered by me as a result of Lone Peak exercising its right to refuse or discontinue service.

PRINT NAME _____ DATE _____

SIGNATURE _____