Cornerstone Medical Care of Brandon LLC
General Office Policies Acknowledgement
Effective June 1, 2026

NOTICE OF PRIVACY PRACTICES

The privacy and security of your medical information is very important to us. You confirm that you have received a copy of our notice of privacy practices. It may be updated from time to time, and you are entitled to receive the current version upon request. A copy is also posted in the lobby of our offices and available online on our website at www.cmcb.com. Telephone calls made to and from our office may be monitored and/or recorded for record-keeping, quality assurance, and training purposes.

MEDICAL INSURANCE POLICY

Though we participate with many medical insurance plans, sometimes those plans do not consider our providers to be in network or the services provided by our office to be covered benefits, so you should always contact your insurance company to confirm whether they will pay. If you have medical insurance, make sure you bring your card to each visit and let us know when it changes. Some visits, procedures, and drugs require prior approval from your insurance company to pay and we will try to work with you and your insurance company to get the approval for the things that your medical professional orders. Ultimately, understanding what your insurance company covers and pays is your responsibility as your policy is a contract between you and that company.

CREDIT POLICY

Payment for services that we provide to you are your responsibility, even if you have insurance. If you do not have insurance, we may offer a discount if you pay expected charges in advance. Some amounts may be due at or before your visit and other amounts may be due later. We will let you know of any co-payments, deductibles, or other charges that you are expected to pay before, at, and after your visit. Sometimes your insurance company will not pay some or all of the charges or will need more information from you. If you or your insurance company pays us too much, we will refund the difference or apply the credit to a future visit. If you or your insurance company do not pay the whole amount, then we will send you a statement and you are expected to pay the bill in full within 30 days or contact us if you have questions or there are errors. If you do not contact us within 30 days we will assume that you agree with the charges. If you do not pay, do not make arrangements, or do not dispute the charges with us within 60 days, then we may take additional steps to collect payment, including sending your account to an outside collection agency. You confirm and acknowledge that you understand and agree you are providing Cornerstone Medical Care of Brandon LLC and its affiliates, agents, and service providers including debt collectors with your express consent to contact you or the responsible party, including but not limited to contact via prerecorded messages, artificial voice messages, text or electronic messages and calls made by an automatic telephone dialing system, at any phone number or any cellular phone, which could result in charges to you, or other

wireless device including any cellular phone number you currently have or will have in the future and at any e-mail provided for the purpose of contact in connection with resolution of this account. You agree that both the cell phone number(s) and/or e-mail address you provide belong to you, are secure and cannot be listened to or viewed by unauthorized third parties. You agree to reimburse us the fees of any collection agency, which may be based on a percentage the debt, and all costs and expenses, including reasonable attorneys' fees, court costs, and returned check fees that we incur in such collection efforts.

APPOINTMENT CANCELLATION POLICY

Please tell us as soon as possible if you are running late or need to reschedule or cancel your appointment. If you do not tell us a day in advance, or arrive more than 15 minutes past your appointment time, we may charge a cancellation fee which is not covered by most insurance companies. In addition, some procedures we perform in the office require us to purchase supplies in advance that are specific to you that cannot be used for anyone else or even for you past the date of the scheduled appointment, so for those procedures if you do not tell us 3 business days in advance we may change an additional fee to cover the cost of these supplies. If you have to cancel your appointment, please reschedule as soon as possible.

ACKNOWLEDGEMENT OF
CORNERSTONE MEDICAL CARE
OF BRANDON AND SUN CITY CENTER
GENERAL OFFICE POLICIES ACKNOWLEDGEMENT
EFFECTIVE 6/1/2026

I hereby acknowledge that I have been provided a copy, have had the opportunity to read, that I understand, and that I agree to be bound by the referenced general office policies and that I may obtain additional copies upon request. I understand that these policies may be updated from time to time and that I may request a copy of the current policies at any time.

I hereby give consent to Cornerstone Medical Care of Brandon LLC ("CMC"), its affiliates, agents, and service providers to provide whatever treatment my practitioner may deem necessary. I hereby request payment of authorized Medicare, Medigap and/or any other insurance benefits to be made either to me or on my behalf to CMC for any services provided to me by CMC. I authorize any holder of medical information about me to release any information needed to determine these benefits or the benefits payable to related services. I understand my physical or electronic signature requests that payment be made and authorize release of medical information necessary to pay the claim.

Signature: _____ Date: _____

If under 18, parent/guardian must sign. If acting as custodian or with power of attorney, custodian must sign. If applicable, please print name and specify relationship with patient.