

STATE OF ALABAMA

SHELBY COUNTY

PROMISSORY NOTE

The undersigned, _____, hereby promise to pay Dr. Keith A. Dillard for services rendered, the sum of all accumulated dental fees, together with all interest accrued upon any account balance. Interest will accrue on the entire balance once any account becomes 90 days from the date of service.

Said sum is to be paid in full on or before the 30th day after the account is 90 days. Patient also agrees it is their responsibility to assist with insurance for prompt payment and agrees to pay any unpaid insurance portion once it is 90 days old. As a courtesy to our patients, we will file your insurance and submit any additional information that maybe needed to process your claim.

Each maker and endorser hereby waives all rights of exemption under the Constitution and Laws of Alabama and agrees to pay the cost of collection including a reasonable attorney's fee if this obligation is not paid at maturity.

Demand, protest and notice of protest and all requirements necessary to hold them liable and waived by each and every maker and endorser of this notice.

PATIENTS SIGNATURE _____