DR. HARVEY LEVY & ASSOCIATES

198 Thomas Johnson Dr., Ste 108
Frederick, MD 21702

301-663-8300 | info@drhlevyassoc.com

# COLLECTION DISCLOSURE AND CONSENT FORM

Effective 10/20/2025

I understand if I have an unpaid balance to Harvey Levy, DMD & Associates, PC and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of the fee of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs and expenses, including reasonable collection and attorney's fees incurred during collection efforts.

In order for Harvey Levy, DMD & Associates, PC or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Harvey Levy, DMD & Associates, PC and the designated external collection agency are authorized to

- Contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me,
- Contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and
- Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Furthermore, I consent to the designated external collection agency to share personal contact and account related information with third party vendors to communicate account related information via telephone, text, e-mail, and mail notification.

**PATIENT:** I have read this disclosure and agree to be bound by these terms.

_____ _____ (SEAL) _____

(My Name, Printed) (My Signature) (Today's Date)

**GUARANTOR OR OTHER RESPONSIBLE PERSON:** I have read this disclosure and agree to be bound by these terms.

_____

(Patient's Name)

_____ _____ (SEAL) _____

(My Name, Printed) (My Signature) (Today's Date)