

Financial Agreement

Date \_\_\_\_\_

I, \_\_\_\_\_ (recipient) or \_\_\_\_\_ (parent, legal guardian, or custodian of minor) am aware that services provided for \_\_\_\_\_ in this office will not be billed to Medicaid, and I agree to be liable for the fee for service.

Signature \_\_\_\_\_

If other than parent:

Title \_\_\_\_\_

Agency \_\_\_\_\_