

STATEMENT OF BILLING AGREEMENT WITH SPRINGFIELD CLINIC

As parents of the minor child or children listed below, we have agreed to maintain the billing for said minors on the account belonging to _____ (name of parent), the _____ (relationship to child/children) of all minors listed below:

Child's First Name, MI, Last Name Date of birth Record #

Child's First Name, MI, Last Name Date of birth Record #

Child's First Name, MI, Last Name Date of birth Record #

Child's First Name, MI, Last Name Date of birth Record #

Child's First Name, MI, Last Name Date of birth Record #

We understand that this change from Account Number _____ to Account Number _____ is effective immediately, and will remain until both parents produce a jointly-signed replacement for the current agreement, unless one of the parents loses parental rights through legal action.

Regarding the individual children listed above, this agreement ceases to be binding for that individual, under the following conditions:

- the child reaches the age of legal majority
- the child becomes an emancipated minor
- the child seeks testing/treatment/counseling for conditions allowed by law, on his/her own accord, after the age of 12

The above agreement is agreed upon and is considered effective as of the date below:

Parent's First Name, MI, Last Name Relationship to Child Date of birth

Parent's First Name, MI, Last Name Relationship to Child Date of birth

Witness First Name, MI, Last Name Date

Clinic Staff: Please route to the Patient Accounting Problems and Resolutions Analyst (phone 391-0763).