

Client name: \_\_\_\_\_

## Mary Lee Foundation Rehabilitation Center

### Financial Responsibility Agreement

By signing this Agreement, the client (or the client's legal guardian, family member, or a representative of a financially responsible trust, signing on the client's behalf) understands and agrees as follows:

1. If I have provided my insurance information, Mary Lee Foundation Rehabilitation Center ("MLFRC") will bill my insurance carrier for the services I am receiving.
2. I understand that my co-pay and/or co-insurance is due at the time of service.
3. I understand that I am responsible for paying all deductible and co-insurance charges. If my insurance carrier deducts these amounts from its payment to MLFRC, then MLFRC will send me an invoice for these charges. I agree to pay this invoice within 30 days of the date of invoice.
4. I understand that my insurance carrier might not cover the services I am receiving.
5. If my insurance carrier does not cover the services I am receiving, then I am responsible for paying those services at the time of service.

\_\_\_\_\_  
Signature of Client or Client's Legal Guardian

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of a financially responsible trust

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date