

<b>ADAMHS BOARD FOR MONTGOMERY COUNTY</b>		<b>BP # 208</b>	
<b>TITLE Service Agreement</b>		<b>SUBJECT Fiscal</b>	
		<b>EFFECTIVE DATE</b>	<b>SUPERSEDES DATE</b>
		<b>July 22, 1998</b>	

<b>Provider</b>	<b>Date</b>
<b>Member Name</b>	<b>Member UCI</b>

This agreement executed on this date \_\_\_\_\_ between \_\_\_\_\_ (Vendor) and \_\_\_\_\_ (member name) will serve as the basis for determination of who is responsible for payment for services received by the above member from this Vendor.

The member agrees that he/she shall be responsible for payment of the total price for services that they or their dependent(s) receives from the above vendor.

However, member or his/her dependents may be eligible for financial subsidy from the Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County that would reduce the amount of their financial obligation to the above Vendor, in which case their obligation will be the balance after application of financial subsidy.

I \_\_\_\_\_ have read the above agreement and agree to the condition of this agreement.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date