## PAYMENT POLICY & COLLECTION PROCEDURE

(revised September 2018)

## **Conditions of Admission and Payment**

The undersigned specifically agrees to the contract terms on file. The undersigned agrees to pay all reasonable attorneys' fees and court costs in the event legal action is taken to collect on the account. The undersigned further agrees to pay an additional amount representing Forty percent (40%) of the principal balance if the account is referred to a collection agency or attorney for collection. This additional amount is in recognition of the costs associated with said collection action processing.

THE UNDERSIGNED CERTIFIES THAT HE/SHE OR BOTH PARTIES HAVE READ THE FOREGOING AND HAS RECEIVED A COPY THEREOF.

TO REFUSE TO RECORD YOUR SOCIAL SECURITY NUMBERS COULD RESULT IN DENIAL OF SERVICES.

SOCIAL SECURITY/BIRTHDAY (Both are required)	SOCIAL SECURITY/BIRTHDAY (Both are required)
CLIENT SIGNATURE (MOTHER)	CLIENT SIGNATURE (FATHER)
ADDRESS, CITY, STATE, ZIP (required)	ADDRESS, CITY, STATE, ZIP (required)
Email	Email