

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

Provider	Date
Member Name	Member UCI

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