



**Client Financial Responsibility Agreement
and
Freedom of Choice**

A Center 4 Change requires payment for all services rendered to our Clients. Payment will be the responsibility of the Client or Parent/Guardian (if the signature of the Parent/Guardian is required as set forth below). If the Client or Parent/Guardian has available insurance, A Center 4 Change will submit the billing to the insurance company as a courtesy, but makes no guarantee as to payment by the insurance company. The Client or Parent/Guardian (where applicable) maintains responsibility for account balances.

I understand by signing this document, I am entering into a contract for services with A Center 4 Change. I agree to pay for the services that are rendered by A Center 4 Change to the Client, and that full payment is not made, A Center 4 Change may take collection or legal actions to obtain payment in full.

I understand that I have the right to freely choose from any Medicaid provider within my service area to obtain any Medicaid reimbursable services.

Client Name (printed)

Client Signature* Date signed

Parent/Guardian Signature ** Date signed

Parent/Guardian Relationship to Client

* Signature of Client required if Client is:

- Age 18 or over;
- Under age 18, but emancipated;
- Under age 18, but married/divorced or has a child;
- Under age 18 seeking services related to alcohol or other drug abuse or addiction; or

** Signature of Parent or Guardian required if Client is:

- Under age 18 and the criteria above are not met; or
- Under a disability in which consent cannot be provided by Client.

Client Name:

Date of Birth: