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**Financial Responsibility**

I understand that I am financially obligated to pay for my child/children's medical care regardless of insurance information presented. Insurance billing is processed by the provider one time as a courtesy to the patient and guarantor.

Any unpaid balance remaining is considered delinquent after 90 days from treatment and subject to 2% monthly maintenance fee. Should I default on payment of my account, I agree to pay an additional 40% for collection agency fees and if necessary, additional court costs and attorney fees. In the event this account is involved in litigation, I expressly waive any objection to venue and set venue will be Knox County, Tennessee.

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Print name of guarantor/responsible party

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Signature of guarantor/responsible party

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Date