

# Paula Andree LISW-S

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17 Blue Line Drive Athens Ohio 45701 614-530-8800

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## FINANCIAL AGREEMENT

I \_\_\_\_\_ (parent, legal guardian or custodian of minor) am aware that services provided by Paula Andree, LISW-S for \_\_\_\_\_ (client) are not covered by Medicaid or billed to insurance. I agree to be liable for the fee for services. A PASSS approval letter must be provided to Paula Andree in a timely manner if this funding source is to be billed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If other than parent

Title \_\_\_\_\_

Agency \_\_\_\_\_

Date \_\_\_\_\_