

HEART AND SOUL ADOPTIONS

YOUR FULL-SERVICE LICENSED CHILD PLACEMENT AGENCY



Birth Mother Medical Bills

I, _____ the undersigned, understand that in the event I choose to parent my child that I am expecting, I will be fully responsible for the medical bills incurred during the pregnancy and delivery. Including but not limited to physician, anesthesiologist, hospital, radiology, laboratory and any and all costs associated in collecting said bill.

Should the accounts be turned over to a collection agency or an attorney for collection, the undersigned shall pay all court costs and reasonable attorneys' fees.

I understand that if I choose to deliver the child in a state other than the one I reside in, I will not have Medicaid coverage.

If I place my child for adoption with Heart and Soul Adoptions, Inc., I understand that all of my medical bills related to this pregnancy and delivery will be paid for by Heart and Soul Adoptions, Inc.

I certify that I have read all of this document and understand and accept this agreement and its terms.

Name *(please print)* _____ Date _____

Signature _____