



A Full Service, Licensed Child Placing Agency

IF YOU CHOOSE TO PARENT

I, _____ the undersigned, understand that in the event I choose to parent my child that I am expecting, that I will be fully responsible for the medical bills incurred during the pregnancy and the delivery of the infant. 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 will 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 that I reside in, I will not have Medicaid coverage.

If I place my child for adoption, I understand that all of my medical bills will be paid for by All for Love Adoptions, Inc.

The undersigned certifies that she has read this entire document and understands and accepts this agreement and its terms.

Signature of Birth Mother

Date _____

Signature of Witness

Date _____

Section R501-7-8.