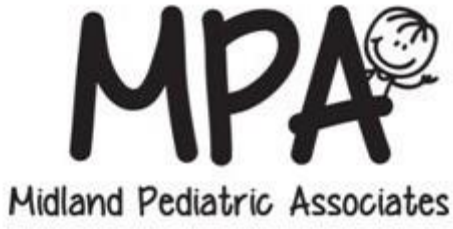

Private Pay Agreement

I understand Midland Pediatric Associates is accepting _____
(Patients name)

as a private pay patient for the visit on _____, and I will be responsible paying for
(Date)

any services I receive. The provider will not file a claim to Medicaid for services provided to me.

Signed: _____

Date: _____

Witnessed by MPA office staff: _____

Date/Time: _____

This form must be completed BEFORE every visit.