**RESPONSIBLE PARTY AGREEMENT**

I­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am responsible for any amount that is not paid by insurance. Any court decree stating that one parent is responsible for payment will be settled between the parents and will not impact Innovative Counseling Solutions unpaid balance. I am agreeing that I am the responsible party for payment.