

**FINANCIAL RESPONSIBILITY AGREEMENT**

I hereby agree to be financially responsible to pay Northern Litho Inc.'s fee in consideration for the services Northern Litho Inc. will provide to me. If I am covered by health insurance (or other health benefits), I acknowledge that I have disclosed to Northern Litho, Inc. accurate insurance (or health benefits) information, including the name of the insurer (or other third-party payer), the group identification number and my individual identification number. I further acknowledge and consent that unless Northern Litho Inc. is a party to a participation agreement with my insured (or third-party payer), Northern Litho, Inc. may, in its discretion, seek full payment directly from my insurer (or third-party payer) and/or me. (If Northern Litho, Inc. is a party to a participation agreement, my responsibility is limited to co-payments.) In the event that Northern Litho Inc. seeks payment from my insurer (or third-party payer), but the insurer (or third-party payer) fails for any reason to pay Northern Litho Inc., the total amount of its fee, I shall pay Northern Litho Inc. the difference between the total amount of the fee and the amount, if anything, paid by the third-party payer.

I further agree that I will pay Northern Litho Inc. the full amount of its outstanding fee within ten (10) days of receipt of Northern Litho, Inc.'s bill. If I fail to pay the bill within such period, the bill will be subject to an interest charge of one percent (1%) per month or the maximum legal interest rate, whichever is lower. I hereby acknowledge that I will be responsible to pay Northern Litho Inc., such interest as well as any costs Northern Litho Inc. incurs in connection with the collection of the bill, including court costs and attorneys' fees.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature