

**Little Hill Foundation, Inc. Operating Little Hill – Alina Lodge
Box G, Blairstown, NJ 07825**

Insurance Agreement

I, _____, as guarantor for _____, recognize the fact that it is a requirement of Little Hill Foundation, Inc., Little Hill - Alina Lodge for all patients (students) to be covered under a medical insurance policy. I guarantee that I will provide health insurance for _____ during his/her stay at Little Hill - Alina Lodge and until such time as health insurance coverage begins, I will further guarantee to pay all medical expenses in addition to the substance abuse treatment received at Alina Lodge. All of the above is fully understood, agreed to, acknowledged and accepted by the guarantor:

Guarantor's Signature: _____ Date: _____

Print Name: _____

Print Social Security: _____

Print Address: _____

Print name of Patient (Student): _____

Relationship to Patient (Student): _____