

Medical Service Agreement

Pediatric Services

Date: [Date]

This Medical Service Agreement ("Agreement") is made and entered into by and between:

[Provider Name]

Address: [Provider Address]

Phone: [Provider Phone]

AND

[Patient/Guardian Name]

Address: [Patient Address]

Phone: [Patient Phone]

1. Services Provided

The Provider agrees to provide pediatric services as outlined in this Agreement, including but not limited to:

- Routine health check-ups
- Vaccinations
- Illness evaluations
- Preventive care

2. Payment Terms

The Patient/Guardian agrees to pay for the services rendered in the following manner:

[Payment Terms]

3. Term and Termination

This Agreement shall commence on the date of signing and shall continue until terminated by either party with a written notice of [Notice Period].

4. Confidentiality

Both parties agree to maintain the confidentiality of all patient-related information as required by law.

5. Governing Law

This Agreement shall be governed by the laws of the state of [State].

Signatures

By signing below, both parties agree to the terms outlined in this Agreement.

[Provider Name]
Date: _____

[Patient/Guardian Name]
Date: _____