

I authorize Lexington Medical Center to deduct from my pay check amounts up to the balance owed directly to the hospital for in-patient care, emergency room services, urgent care services, drugs, funds, or goods which were supplied to me, my spouse, or child, or to any person for whom I am financially responsible. In addition, this includes but is not limited to goods from the cafeteria or gift shop. I agree that the furnishing of such goods or services constitutes an advance of wages.

I understand that normally, deductions will be made on an installment basis, the amount and number of payments to be based on the balance owed. I also understand that in the event of termination, the entire balance will be deducted unless some other arrangement for payment is made.

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Employee Signature

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Social Security Number



APD