Jennifer Layne McDonald M.S. L.Ac
54 Ames Ave.
Rutherford, NJ 07070
(201) 636-2614

FINANCIAL POLICY

By my signature below, I am requesting that my acupuncturist reduce normal and customary fees charged to allow me to receive care. My financial circumstances are such that if I were to pay the fees charged I would be forced not to receive care. I recognize that any agreement made to assist me is purely confidential and that my fee arrangement would be different from that which is standard in the office. If my insurance company inquires regarding full payment of deductible or co-payments, I agree that it is my responsibility to notify my insurance carrier that due to economic hardship I am only making partial payments.

If my insurance company submits payment in the form of direct deposit or check made out to myself, it is my responsibility to remit that payment to the acupuncture office as payment on my account.

In the event that you discontinue treatment and haven't submitted all insurance payments submitted to you, we will send you a request for payment. Accounts not paid in full after 3 months will be referred to collection. You will be personally responsible for any and all costs of collection including but not limited to legal and court fees.

Your signature indicates your authorization of this activity

_____
Name (printed)

_____
Signature