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FINANCIAL POLICY NOTICE

Thank you for selecting our office for your home care. In order to prevent any misunderstanding concerning the responsibility for the payment for home care, the following information is necessary for you to read and understand prior to accepting our services.

The service recipient or the guarantor is responsible for payment at the time of service.

Before we begin work, and complete an assessment including developing a Care Plan on your behalf or love one, we require a fee in the amount of two hundred (\$200) dollars to begin work. The retainer fee will be applied to your new account and will serve as a source of payment for all or part of our account or invoices when rendered. If you move forward and sign our service agreement the fee will be applied to the final balance of the agreement pricing. If you do not wish to move forward with our work contract, the retainer fee will serve as payment for initial consultation & assessment work.

I HAVE READ THE ABOVE AND AGREE THAT I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE OF MY ACCOUNT FOR ANY SERVICES

Signature of Patient_____ Print Name_____ Date of Birth_____

Signature of Insured or Responsible Party_____ Print Name_____ Date:_____

PLEASE TURN OVER TO REVIEW AND SIGN THE NOTICE OF PRIVACY PRACTICES