

Jennifer Rossi, Ph.D.
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Supplemental Financial Policy Form

I have created this form so that clients are completely aware of their financial responsibility upon entering therapy. Please read this document carefully and write your initials in the space provided after each section to acknowledge that you accept the individual financial policy declarations set forth below. Then sign this page at the bottom to indicate that you agree to be bound by the terms and conditions as outlined in this contract.

I understand that I am entering a financial contract with Jennifer Rossi, Ph.D. and I agree to be responsible for all charges, in whole or in part, that are incurred during my treatment. _____
Initial

If I choose to have my health insurance carrier(s) billed for her services, I understand that I am financially responsible for all outstanding copayment, deductible, or other related charges in accordance with my personal contract(s) with my health insurance carrier(s). _____
Initial

If I choose to make any payments to Jennifer Rossi, Ph.D. via personal check, I understand that I will incur an additional charge of \$35.00 for each check returned to my account for insufficient funds. _____
Initial

If I choose to make any payments to Jennifer Rossi via a credit or personal debit card, I agree to pay an additional 3% surcharge per transaction to cover her cost of completing each such transaction. _____
Initial

I agree to provide Jennifer Rossi with credit/debit card information and I understand that my credit/debit card will be automatically billed for any outstanding charges remaining on my account that are thirty days past due. _____
Initial

I understand that any charges on my account that remain unpaid will be forwarded to a Collection Agency and I will be financially responsible for any and all additional collection fees, attorney fees, or court fees that are generated during the collection process. _____
Initial

By signing below, I acknowledge that I have read, understand, and agree to be bound by the terms and conditions set forth in this contract.

Signature of Client or Responsible Party

Date

Printed name of Client or Responsible Party