***HealthCare for Life LLC***

***1 Industrial Way West, Building B***

***Eatontown, NJ 07724***

**Financial / Payment Policy**

***By signing below, you acknowledge your ability to review our financial/payment policy on our website. If you are unable to access the website you may request a copy of the policy in writing.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Patient Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Parent/Guardian Signature Date