

## Payments for Services

We are asking all patients to leave a valid credit card number on file for payment should the insurance company determine that a deductible or coinsurance was required at the time of visit. Insurance companies have various plans and it is not always possible to determine the copayment accurately at the time of visit. Please note that Behavioral Health Choices will only bill you for the service or part of the service if your insurance company determines that you are liable for the payment. We also charge your credit card for missed appointments which is \$ 50 for follow-ups and \$ 170 for initial evaluations. We charge \$ 25 for medication refills outside office visits.

\_\_\_ Master card

\_\_\_ Visa card

Credit card number \_\_\_\_\_

Expiration date: \_\_\_\_\_

3 digit code on the back of your card: \_\_\_\_\_

Credit card holder's name \_\_\_\_\_

By signing I acknowledge that I am responsible for any copayment or deductibles as required by my insurance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name