

PAYMENT POLICY

All patients of The Center for Healthy Minds must have an active credit card (Visa, Mastercard, American Express or Discover) on file. Payment is due at the time of service. If you prefer to pay by cash or check, please do so at the time of service. If payment is not received at the time of service, we will wait fourteen (14) days for a check to be received by mail. After 14 days your credit card will be charged for the balance.

Credit Card # _____

Expiration Date _____

Security Code _____

Name on Card _____

Billing Address _____

I, _____ agree to the terms of the payment policy above.

Signature _____

Date _____

PLEASE CHECK ONE

_____ Please charge my card automatically

_____ Do not charge my card automatically