



HEALTHY MINDS

Psychiatric Services

Okemos Location: 2390 Woodlake Drive, Suite 380; Okemos, MI 48864 P: 517-333-7113 F: 517-333-7125

Brighton Location: 4763 South Old US 23, Suite C1; Brighton MI 48114 P: 810-775-3534 F: 810-775-3549

Credit Card Information

ALL COPAYS AND BALANCES ARE DUE IN FULL AT THE TIME OF YOUR APPOINTMENT
(Your credit card will not be charged without notification from Healthy Minds first.)

*** Policies with a DEDUCTIBLE or Out of Network Insurance ***

Circle one: Discover, Mastercard, or Visa

Exp. Date:

CVV Code:

CARD NUMBER:

CARD HOLDER NAME (as it appears on the card):

I hereby give consent to charge the credit/debit card listed above for any outstanding balance such as deductibles, co-payments, fees or other amounts my insurance carrier determines as payable by me. I will be notified before any charge to my card will be processed.

CARDHOLDER SIGNATURE:

DATE:

*** Do You Have a HSA Credit/Debit Card? ***

A deductible **REQUIRES** a non-HSA credit/debit card on file as a backup to any HSA.

Circle one: Discover, Mastercard, or Visa

Exp. Date:

CVV Code:

CARD NUMBER:

CARD HOLDER NAME (as it appears on the card):

I hereby give consent to charge the credit/debit card listed above for any outstanding balance such as deductibles, co-payments, fees or other amounts my insurance carrier determines as payable by me. I will be notified before any charge to my card will be processed.

CARDHOLDER SIGNATURE:

DATE:

PRIVATE PAY (No insurance or Out-of-Network):

Payment is due IN FULL at the time of service. Rate: \$250.00 for the initial evaluation, \$150.00 for follow-up appts.

Patient's signature

Date

Healthy Minds Witness Signature

Date

Rev: 03/28/2018