



To Our Patients:

With the arrival of new, high deductible insurance plans and higher copayments, we have implemented a new office policy EFFECTIVE JUNE 1, 2019. We are now requiring a credit card number to be held on file for all patients as a backup to their insurance plan. You can be assured that your credit card information will be held securely, and only utilized for non-covered services, unmet deductibles, and copayments. **BEFORE** we will bill your credit card, we will mail **ONE** bill to your address, allowing you the opportunity to question or dispute the charge, and to pay conventionally through the mail. Your credit card will only be charged if there is no response to our bill. Credit card information will be kept securely in your confidential record.

We appreciate your cooperation and understanding as we move forward with this new office policy. If you have any questions about our new office policy, do not hesitate to ask.

Thank you,

Ryan Baxter, Owner
Baxter Behavioral Health, LLC

I have had an opportunity to read the NEW OFFICE POLICY. I understand that I may receive a personal copy on request.

PATIENT/REPRESENTATIVE'S SIGNATURE

DATE

I AUTHORIZE BAXTER BEHAVIORAL HEALTH, LLC TO KEEP MY SIGNATURE ON FILE AND TO CHARGE MY CREDIT CARD ACCOUNT AS INDICATED BELOW FOR MEDICAL SERVICES PROVIDED BY THIS PRACTICE THAT WERE NOT COVERED BY MY HEALTH INSURANCE OR WERE SUBJECT TO A DEDUCTIBLE OR CO-INSURANCE. THIS AUTHORIZATION CAN BE CANCELLED THROUGH WRITTEN NOTICE TO THIS PRACTICE. IF YOU'RE CREDIT CARD DECLINES, THERE WILL BE A FEE OF \$25.00 ADDED TO YOUR BALANCE.

PATIENT NAME: _____ DATE: _____

BILLING ADDRESS: _____

SIGNATURE: _____

LAST FOUR DIGITS OF CREDIT CARD NUMBER: _____

TYPE OF CARD (circle one): VISA, MASTERCARD, AMERICAN EXPRESS,
DISCOVER, HSA, FSA

EXPIRATION DATE: _____ SECURITY CODE: _____

BILLING ZIP CODE (if different from home address): _____