

Initial Appointment Financial Agreement

Thank you for choosing Wellshire Behavioral Services. Before we can finalize the scheduling of your initial evaluation, this agreement must be signed and returned to our office by fax, mail, or in person. Please return this completed agreement no later than the date agreed to when you scheduled your appointment to avoid cancellation of the appointment. Our address and secure fax number are shown above.

We will not charge your card nor deposit funds unless you do not comply with the terms of the agreement below. We implemented this agreement due to the increasing number of callers who schedule appointments then fail to keep those appointments. No shows not only represent a lost opportunity for our practice but delay treatment for patients who could have been seen by one of our providers in that scheduling slot. We hope you understand why we have implemented this policy. If you have any questions, please do not hesitate to call us at the number above.

I, _____, agree to guarantee payment for my appointment for an initial evaluation with the payment option indicated below. **I understand that if I miss my appointment or fail to provide at least a full business day's notice, I will be charged \$250.00.** This agreement may not apply in the event of an emergency (as determined by this office). I further authorize Wellshire Behavioral Services to disclose necessary billing information regarding my attendance or cancellation of this initial appointment to my credit card company if I dispute a charge.

I understand that a charge will not be assessed against my credit card nor will funds be deposited *unless* I fail to keep my appointment or fail to provide adequate notice of my cancellation.

Payment Option: Cash deposit

Certified Check (Payable to MHCD)

We do not accept personal checks for the purpose of guaranteeing this initial evaluation.

Credit Card: American Express Visa MasterCard Discover

Card Number: _____

Name (as it appears on credit card): _____

Expiration Date: _____ Billing ZIP Code: _____

Verification Code: _____

This is a three-digit number on the back of Visa, MasterCard, and Discover or a four-digit number on the front of American Express.

Signature: _____ Date: _____