FINANCIAL POLICY CREDIT CARD FORM

Lawrence M. Raines, III, MD
Adult and Addiction Psychiatry

Patient Name:_____DOB:_____

Contact Telephone:_____

Required CREDIT CARD INFORMATION:

Credit Card Type: *Mastercard* *Visa* *Discover* *American Express*

Card Holder Name:_____

Card Holder Billing Address:_____

Card Holder Contact Telephone:_____

Card Number:_____Expiration Date_____

Vcode/Security Code on back of card: (3 digits)_____

By signing below, I give permission for Dr. Raines or his contracted agencies and associates to charge my credit card for the fees noted below.

Signature of Cardholder:_____Date:_____

This credit card will stay on file and will be used for any missed appointments, returned checks, medical record fees or other typical administrative costs related to your care up to the next 12 months of treatment. Appointments must be canceled within twenty-four (24) hours to avoid a charge on your card. Insurance will not cover missed appointments.

FEE SCHEDULE FOR MISSED APPOINTMENTS:

As below or at a previously individually arranged fee schedule:

Initial Psychiatric Evaluation..... : $325.00

Medication-Assisted (OPIOID) Dependence Evaluation.....: $400.00

Psychotherapy.....: $200.00

Medication Management with Brief Counseling.....: $150.00