ADVANCED TREATMENT CENTER
Advanced Rapid Detox & Ketamine Institute of Michigan

Dear Debit/Credit Cardholder,

In an effort to better serve our clients, Advanced Rapid Detox offers credit card payments for your convenience. To make a payment via credit card for a loved one, please complete and sign this form.

For Security reasons, ONLY upload this completed form here: https://www.paubox.com/Advanced_Treatment_Center/upload

Very Important. Please immediately notify your Debit/Credit Card Bank that there will be a charge from *Advanced Rapid Detox in Michigan in the amount agreed to*. If this is not done, your payment could be declined.

CREDIT CARD AUTHORIZATION

Name of Person Whose Services I am Paying For: _____

Card Type (circle): **MasterCard** **VISA** **Discover** **AMEX** **Other** _____

Cardholder Name (as shown on card): _____

Cardholder Billing Address: _____

Card Number: _____ **Expiration Date:** _____

- **$9,900** (ADVANCED RAPID DETOX PROCEDURE)
- **$1,500** (optional VIVITROL SHOT)
- **$1,000** (optional EXTRA OVERNIGHT STAY)
- **$500** (optional 1-HR KETAMINE TREATMENT) -- OR --
- **$1000** (optional 3-HR KETAMINE TREATMENT)
- **- $200** (CASH DISCOUNT) PAYING WITH DEBIT CARD, CHECK OR CASH
- **- $200** (VETERAN)
- - (OTHER DISCOUNT AUTHORIZED BY ARD)

TOTAL AMOUNT AUTHORIZED: _____

_____ **(print name here), I authorize Advanced Rapid Detox to charge my debit or credit card for agreed upon services checked off above.**

I understand that a 2% Cash Discount is available and will be immediately deducted off of the regular price if I wish to pay with cash, certified check, money order or by debit card. I authorize this payment and agree that I will not dispute this payment at a later date for any reason. I understand and agree that the payment I am authorizing is for the rapid detox procedure.

_____ **(initial here) NO REFUND POLICY: I understand and agree that this procedure is NON-REFUNDABLE and that I remain responsible for all amounts owed for services I am authorizing be undertaken. I agree and understand that due to the nature of this medical procedure and the complicated nature of substance abuse and addiction that there are no guarantees offered or implied.**

Cardholder Signature: _____ Date: _____

Cardholder Phone: _____ Email: _____

Relationship to Patient: _____