



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)**
- \$1,500 (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: _____