

Pavillon Center
Family Program Financial Form

Dear Family Program Participant,

This form is provided as an explanation and documentation of your Family Program fee and payment. One (1) Family Program fee is paid at time of client admission; the cost for additional individuals attending the program is \$350 per attendee. You may make payment upon your arrival at program site. Please be sure this form accompanies your payment.

Name of person in treatment: _____

<u>Names of people attending Family Program (Please print)</u>	<u>Date(s) Attending</u>
_____	_____
_____	_____
_____	_____

Payment enclosed: Amount: \$350 x # attending = \$_____

€ Cash € Check € Credit Card Type: _____

Credit Card Authorization: Card # _____
Exp. Date: _____ Security Code: _____ (3 digits back of card)

Billing Address for card: _____

I, _____ authorize Pavillon to charge the above amount on the credit card indicated above.

Authorized **Signature** (as appears on card): _____

For questions regarding scheduling for the Pavillon Family Program, please contact the Family Program office (828) 894-0293.

Thank you.