



MINDFULNESS
HOLISTIC WELLNESS & HEALING

712 6th Street Saint Marys, WV 26170

Mindfulness PEACE OF MIND PLAN

The **MINDFULNESS PEACE OF MIND PLAN** is designed to assist clients with their current and future balances to be paid over time (as described below). This plan may be used on any/all services provided by Mindfulness, LLC, as well as any/all retail products available for purchase.

Name _____ Date of Birth _____

Billing Address: _____
Street City Zip Code

Mailing Address (if different from above) _____
Street City Zip Code

Phone Number: _____ Email: _____

Name of Client on Mindfulness Chart/Account : _____

Card Type: <input type="checkbox"/> Visa			<input type="checkbox"/> Mastercard			<input type="checkbox"/> Discover			<input type="checkbox"/> AmEx			<input type="checkbox"/> Other _____		
Name on Card:						Card#:								
CVV:				Exp:				Zip Code:						

I agree to the following TERMS AND CONDITIONS:

The pre-set payment arrangement amounts are as follows:

If your account has a balance of **\$0.01 - \$75.00**, then you agree to authorize a **weekly charge of \$10.00**

If your account has a balance of **\$75.00 - \$150.00**, then you agree to authorize a **weekly charge of \$20.00**.

_____ (initial)

If your account has a balance of **\$150.01 - \$350.00**, then you agree to authorize a **weekly charge of \$30.00**.

_____ (initial)

If your account has a balance of **\$350.01 - up to \$500**, then you agree to authorize a **weekly charge of \$40.00**.

_____ (initial)

ALL accounts with a balance of **\$500.01 and greater must be paid down to \$500.00** in order to be eligible for the **PEACE OF MIND Plan**.

I understand that If my card is declined when the charge is attempted for ANY reason, there is an associated decline fee. Mindfulness, LLC will attempt to contact you a maximum of THREE (3) TIMES and then your account will be suspended until payment is processed. If payment is not received within SIXTY (60) days of the decline, your account will be sent to collections and you will no longer be eligible to receive services or do business with Mindfulness, LLC.

I understand and agree to a **\$75.00 DECLINE FEE**

Initial Date

I understand that it is my responsibility to update Mindfulness, LLC of any changes to my debit/credit card immediately. I understand if my account balance increases above the payment ranges listed below, Mindfulness, LLC has authorization to charge the weekly fee associated with each payment range without contacting me prior to debiting my card.

I further understand that once my account balance is paid in full, this plan will remain active until another balance is acquired. Written requests must be given to Mindfulness, LLC Staff to terminate this plan. After receiving your written termination request, all future **PEACE OF MIND Plans** will need to be reissued or **I MUST PAY IN FULL AT THE TIME SERVICES ARE RENDERED/PRODUCTS ARE PURCHASED**.

I am the cardholder/authorized user of the above-mentioned card and give Mindfulness, LLC authorization to charge this credit/debit card WEEKLY beginning as of the date of this paperwork to pay off my current/future account balance. I understand that my card will be charged a WEEKLY amount that coincides with the above payment arrangement ranges.

Your current credit card information will be copied and charged prior to finalization of this agreement.

Signature of Authorized Person/Account Holder Date

Signature MINDFULNESS STAFF MEMBER (Witness) Date

INTERNAL INFORMATION - MINDFULNESS STAFF ONLY:

The Mindfulness Peace of Mind Plan is the only payment plan available that is eligible for current AND FUTURE services/products, whereas previous payment plans have been exclusively made for prior amounts owed for mental health services previously rendered.

If their balance is up to \$75.00, they will pay \$10/week.

If their balance is up to \$75.01 - 150.00, they will pay \$20/week.

If their balance is up to \$150.01 - \$350.00, they will pay \$30/week.

If their balance is up to \$350.01 - \$1,000.00, they will pay \$40/week.

NO PATIENT ACCOUNTS with a balance greater than \$500.01 will be eligible for a POMP (Peace of Mind Plan)/client will need to pay an account down to \$500.00 in order to be eligible to sign an POMP Agreement.

Each individual client must have a completed AND SIGNED contract page of their own(ie., one single signed page is only good for one person or family member).

Client must complete ALL BLANKS on the contract page. You will obtain a copy of their credit card and upload it into their chart documents. You will charge the card for the first payment amount while they are in front of you to obtain the first payment and to ensure that the card is current and working. {If the card declines, they must complete a NEW POMP contract to enter a current/working debit/credit card's information.}

The client must initial all appropriate areas (4 total) and sign at the bottom of the page. The staff member that signed them up for the POMP agreement will also sign the bottom as the witness.

If the client's card is declined (FOR ANY REASON), we will attempt to reach them via telephone and attempt to charge their card on the following TWO (2) scheduled charge date (weekly). All communications must be documented in detailed notes under the client's chart in the Communications tab under Communication Log.