Bracken Psychiatric Services
3200 Southern Dr. #107 Garland, Tx 75043 Ph: (972) 278-5385 Fax: (972) 692-8687
E-mail: admin@brackenmentalhealth.com www.brackenmentalhealth.com

Private Pay Agreement

I understand that Bracken Psychiatric Services is accepting patient name:_____ as a private pay patient for the period of 1 year from today's date and as such I will be responsible for paying at the time of services for any services and fees I receive. I understand that the provider will not file a claim to Medicaid for services provided to the patient. I understand that I may recieve services from another provider at no cost using my Medicaid but I am choosing to pay privately so that the patient may receive services at Bracken Psychiatric Services.

Patient Name:_____ DOB:_____

Guardian Name:_____

Guardian Signature:_____

Date:_____