







**Meridian**  
BEHAVIORAL HEALTH SERVICES  
*Hope. Heal. Recover.*



**Please remit payment to:**

Meridian Behavioral Health Services  
PO Box 2187  
Sylva, NC 28779

If paying by credit, debit or flexible spending card, complete this section.			
Guarantor:			
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Card Number		Name on Card	
Signature	CVV	Exp. Date	Zip Code
AMOUNT ENCLOSED			

Account Number:  
Client:

*Are you having difficulty meeting your financial obligations for services at Meridian? If so, please contact our billing office to discuss your options and find out about possible resources for financial support.*