

BILL PAY AS A GUEST

Online at Cbhcf1.org



Charlotte Behavioral Health Care, Inc.
Main Office Located at: 1700 Education Ave
Punta Gorda, FL 33950

Patient Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____

Client ID: _____ Client Name: _____
Client ID: [7245] Client Name: _____
Statement Date: 06/09/2023 Balance due on: 7/9/2023

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Adjustment	Client Balance	Insurance	Client Balance
*Prior Balance - Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.								
11/19/2022	FARS-Asst On 10.00	Bezek	\$16.00	\$0.00	\$16.00	\$0.00	\$0.00	\$0.00
11/19/2022	EAM Ear Pt MedM 99213 20.00	Bezek	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00
03/19/2021	EAM Ear Pt MedM 99213 19.00	Maguire	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
07/16/2021	EM Med Night 99213 20.00	Bezek	\$125.00	\$79.00	\$46.00	\$0.00	\$0.00	\$46.00
01/24/2022	EM Med Night 99214 28.00	Bezek	\$150.00	\$102.36	\$47.64	\$0.00	\$0.00	\$47.64
04/14/2022	EM Med Night 99213 20.00	Bezek	\$125.00	\$0.00	\$125.00	\$0.00	\$0.00	\$0.00
07/20/2022	EM Med Night 99213 19.00	Bezek	\$125.00	\$0.00	\$87.00	\$0.00	\$38.00	\$0.00
07/20/2022	OSP Review Asst On 1.00	Bezek	\$70.00	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00
Total:							\$38.00	\$168.65

*Prior Balance - Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.
Please return the bottom portion of this bill with your payment.

Total Due from Client: \$168.65 ← Total Balance Due Client Name: _____
Please make checks payable to: Charlotte Behavioral Health Care, Inc. Client ID: [7245]
Please send payments to: 1700 Education Ave, Statement Date: 06/09/2023
Punta Gorda, FL 33950 Balance due on: 7/9/2023

If you have any questions regarding your statement please call: 941-639-8300

Visa Mastercard Discover CVC/CVV Security Code: _____
Card Member Name: _____
Card Number: _____
Expiration Date: _____

STEP 1

Have your Info Ready

PayPal \$1.00 USD

Log in to your PayPal account
Let's check out with Charlotte Behavioral Health Care

Email or mobile number

Forgot email?

Next

Log in with Passkey

or

Pay with Debit or Credit Card

Cancel and return to Charlotte Behavioral Health Care

English | Français | Español | 中文

STEP 2

Secure Checkout

You paid \$1.00 USD to Charlotte Behavioral Health Care

Details

Paid with VISA- [REDACTED] \$1.00
This transaction will appear on your statement as PAYPAL
*CHARLOTTEBE

Purchase details
Receipt number: [REDACTED]
We'll send confirmation to: [REDACTED]

Merchant details
Charlotte Behavioral Health Care

Return to Merchant

STEP 3

Checkout & Enjoy

STEP 1

Have your Information Ready

You will need a copy of your statement or need to know your **Client ID**

ONLINE BILL PAY

Welcome to Charlotte Behavioral Health Care's online bill pay.
All the information you need to complete your bill payment may be found on your statement/invoice. Please click on "Where do I find" locating the information needed. If you have any questions regarding your invoice, please call our billing department at (941) 639-8300.

PAYMENT INFORMATION		PAYMENT AMOUNT
Client ID* Where do I find this? 12345	Date(s) of Service (type in below) Where do I find this? 02/26/2026	Amount * Where do I find this? 1.00
First Name * [Redacted]	Last Name * [Redacted]	CONTINUE

PayPal \$1.00 USD

Log in to your PayPal account
Let's check out with Charlotte Behavioral Health Care

Email or mobile number

Forgot email?

Next

Log in with Passkey

or

Pay with Debit or Credit Card

Cancel and return to Charlotte Behavioral Health Care
English | Français | Español | 中文

STEP 2

Secure Checkout

You paid \$1.00 USD to Charlotte Behavioral Health Care
Details

Paid with
VISA- [Redacted] \$1.00
This transaction will appear on your statement as PAYPAL *CHARLOTTEBE

Purchase details
Receipt number: [Redacted]
We'll send confirmation to: [Redacted]

Merchant details
Charlotte Behavioral Health Care

Return to Merchant

STEP 3

Checkout & Pay

Charlotte Behavioral Health Care, Inc.
 Main Office Located at: 1700 Education Ave
 Punta Gorda, FL 33950

Patient Name: _____
 Address: _____
 City: _____
 State: _____
 Zip Code: _____

Client ID: _____ → Client Name: _____
 Client ID: [2345] Statement Date: 06/09/2023
 Balance due on 7/9/2023

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
<i>*Prior Balance</i>								
11/19/2020	PARS-Ass On 10.00	Bevak	\$16.00	\$0.00	\$16.00	\$0.00	\$0.00	\$0.00
11/19/2020	EMM Exp Pt Mgmt 98113 20.00	Bevak	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00
03/16/2021	EMM Exp Pt Mgmt 98113 18.00	Magan	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
07/15/2021	EM Med Mgmt 98113 20.00	Bevak	\$120.00	\$73.00	\$47.00	\$0.00	\$0.00	\$18.26
01/24/2022	EM Med Mgmt 98114 38.00	Bevak	\$120.00	\$102.38	\$17.62	\$0.00	\$0.00	\$25.59
04/14/2022	EM Med Mgmt 98113 20.00	Bevak	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$0.00
07/09/2022	EM Med Mgmt 98113 18.00	Bevak	\$120.00	\$0.00	\$87.00	\$0.00	\$38.00	\$0.00
07/09/2022	ESP Review Add On 1.00	Bevak	\$70.00	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00
Total:							\$38.00	\$168.85

*Prior Balance - Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.
 Please return the bottom portion of this bill with your payment.

Total Due from Client: \$168.85
 Please remit payments to: Charlotte Behavioral Health Care, Inc.
 1700 Education Ave
 Punta Gorda, FL 33950

Client Name: _____
 Client ID: [2345]
 Statement Date: 06/09/2023
 Balance due on 7/9/2023

Total Balance Due

If you have any questions regarding your statement please call: 941-639-8300

Visa _____
 Mastercard _____
 Discover _____
 Card Member Name: _____
 Card Number: _____

CVC/CVV Security Code: _____

STEP 1

Have your Info Ready

STEP 2

Secure Checkout

Choose to either login to PayPal or Pay with a Debit or Credit Card - to continue as a **Guest** select **Pay with a Debit or Credit Card**

PayPal 🛒 \$1.00 USD

Log in to your PayPal account

Let's check out with Charlotte Behavioral Health Care

Email or mobile number

[Forgot email?](#)

Next

Log in with Passkey

or

Pay with Debit or Credit Card

[Cancel and return to Charlotte Behavioral Health Care](#)

English | Français | Español | 中文

You paid \$1.00 USD to Charlotte Behavioral Health Care

[Details](#)

Paid with
 VISA- [REDACTED] \$1.00
 This transaction will appear on your statement as PAYPAL *CHARLOTTEBE

Purchase details
 Receipt number: [REDACTED]
 We'll send confirmation to: [REDACTED]

Merchant details
 Charlotte Behavioral Health Care

[Return to Merchant](#)

STEP 3

Checkout & Pay

Charlotte Behavioral Health Care, Inc.
 Main Office Located at: 1700 Education Ave
 Punta Gorda, FL 33950

Patient Name: [Redacted]
 Address: [Redacted]
 City: [Redacted]
 State: [Redacted]
 Zip Code: [Redacted]

Client ID: [Redacted] → Client Name: [Redacted]
 Client ID: [Redacted]
 Statement Date: 06/09/2023
 Balance due on 7/9/2023

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
*Prior Balance								
11/19/2020	PARS-Act On 10.00	Bevak	\$16.00	\$0.00	\$16.00	\$0.00	\$0.00	\$0.00
11/19/2020	EMM Est Pt Health 98113 20.00	Bevak	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00
03/16/2021	EMM Est Pt Health 98113 18.00	Magan	\$125.00	\$23.00	\$0.00	\$0.00	\$0.00	\$0.00
07/15/2021	EM Med Mgmt 98113 20.00	Bevak	\$120.00	\$73.00	\$53.00	\$0.00	\$0.00	\$18.25
01/24/2022	EM Med Mgmt 98114 30.00	Bevak	\$120.00	\$102.38	\$22.03	\$0.00	\$0.00	\$25.59
04/14/2022	EM Med Mgmt 98113 20.00	Bevak	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$0.00
07/09/2022	EM Med Mgmt 98113 18.00	Bevak	\$120.00	\$0.00	\$87.00	\$0.00	\$38.00	\$0.00
07/09/2022	ESP Review Add On 1.00	Bevak	\$70.00	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00
Totals:			\$38.00		\$38.00			\$38.00

*Prior Balance - Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.
 Please return the bottom portion of this bill with your payment.

Total Due from Client: \$168.85
 Please remit checks payable to: Charlotte Behavioral Health Care, Inc.
 1700 Education Ave
 Punta Gorda, FL 33950

Client Name: [Redacted]
 Client ID: [Redacted]
 Statement Date: 06/09/2023
 Balance due on 7/9/2023

If you have any questions regarding your statement please call: 941-639-8300

Visa Mastercard Discover
 Card Member Name: _____
 Card Number: _____

CVC/CCV Security Code: _____

STEP 1

Browse & Choose

PayPal \$1.00 USD

Log in to your PayPal account
 Let's check out with Charlotte Behavioral Health Care

Email or mobile number

Forgot email?

Next

Log in with Passkey

or

Pay with Debit or Credit Card

Cancel and return to Charlotte Behavioral Health Care
 English | Français | Español | 中文

STEP 2

Secure Checkout

STEP 3

Checkout & Pay

After completing your purchase, keep an eye on your inbox for a confirmation email.

