

Client Information Form

Date: _____

Client's Name: _____
Last First Middle

Home Phone: _____

Cell Phone: _____

Email: _____

Is it OK to leave a message? (home) Y N (cell) Y N

Residence Address: _____

City: _____ Zip: _____

Birthdate: _____

Occupation: _____ Business Phone: _____

If paying by credit card, please fill in information. (There is an additional \$3.00 fee, for a total of \$153)

Card # _____ Exp date _____ 3-Digit code _____ Zip _____

Please check one: Email receipt Text receipt

Payment: My fee is \$150 to be paid at the start of each session. A majority of insurance providers will reimburse a percentage of the fee for out of network providers.

Insurance Information – I will provide a superbill for you to turn into your insurance.

I am always willing to discuss the fee and if there is need to discuss a sliding scale I am more than happy to do so. I do guarantee excellence in service I have never turned a client away due to finances.

ATTENTION CLIENTS: Appointments canceled without 24-hour notice or missed will be charged to the client. I understand that I am responsible for all charges, regardless of insurance coverage.

Please Sign: _____