

CONTACT INFORMATION

Date ____/____/____

First Name _____ Last Name _____

Date of Birth ____ - ____ - ____ Last 4 of Social Security # _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____

Employer _____

Work Phone _____

Email Address _____

Primary Care Physician _____

Kate Heitzler Counseling & Consultation, LLC accepts cash, check, and charge as methods of payment. Regardless, it is necessary for Kate Heitzler Counseling & Consultation, LLC to keep a charge card on file. Please provide that information below.

I authorize Kate Heitzler Counseling & Consultation, LLC to keep my signature on file and to charge fees, or partial fees, to my credit or debit card account for services scheduled or provided. I understand that this authorization is valid until therapy terminates. I agree that if I have any problems or questions regarding charges to my account, I will contact Kate Heitzler Counseling & Consultation, LLC for assistance. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Kate Heitzler Counseling & Consultation, LLC and those attempts have failed.

Cardholder Name _____

Client's Name _____

Relationship to Cardholder _____

Type of card (circle one) Visa MasterCard Discover American Express

Credit Card Number _____

Exp. Date _____

V-Code _____ (3 - 4 digit number printed on the back of your card)

Cardholder Signature _____ Date _____