

Mary Costello Stevens, LPC
Client Information Form

Client Name:

Date of Birth:

Street Address:

City/State/Zip:

Home/Cell Phone:

Messages okay? Y or N

Text Messages Okay (for scheduling purposes only)? Y or N?

Work Phone:

Messages okay? Y or N

E-mail Address:

By signing below, I agree to the following: (1) I understand that the client is ultimately responsible for the cost of all services rendered. (2) As a service to me, Mary Costello Stevens or her Billing Provider may bill my insurance company on my behalf. If I fail to do so, I will pay this provider's full customary fees for all services rendered. (3) I authorize the release of any information necessary to process insurance claims (4) I authorize my insurance company to pay Mary Costello Stevens directly for the services provided to the client. (5) I will pay the appropriate co-payment or co-insurance at the time service is rendered. (6) I understand that I will be billed for missed appointments that are not cancelled at least 24 hours in advance and that I am responsible for paying those charges. (7) I agree to pay for all costs of collection of the client's delinquent accounts including reasonable attorney fees. (8) I agree that if my mailing address is written incorrectly, has changed since the date of this form, or is missing from this form, I may receive a bill at a current and verifiable address for any outstanding charges.

Client Signature

Date