

Intentional Counseling Grand Rapids LLC

781 Kenmoor Ave SE, Suite C

Grand Rapids, MI 49546

Also known as "Counseling at Health for Life Grand Rapids"

616-200-4433

Office Manager, Paul Krauss Paulk@healthforlifegr.com

## **I. Information Pertaining to Person Financially Responsible**

Client Name: \_\_\_\_\_

### **Person financially responsible**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Present employer:

\_\_\_\_\_

Employer's address:

\_\_\_\_\_

**Credit Card Information:** This information is kept on file and used only when there is a late cancellation or no show (that does not meet our list of acceptable no shows) or if you prefer to have me automatically run your Credit Card at the end of a session.

Card type: Visa M/C Discover American Express

Name on Card \_\_\_\_\_

Billing Address of Cardholder:

---

Card # \_\_\_\_\_

Expires: \_\_\_\_\_ 3 digit code \_\_\_\_\_

Zip Code:

---

Signature of Client Date

---

Signature of Person Financially Responsible (Insured) Date