



MINDFUL LIFE
COUNSELING CENTER PLLC

Mindful Life Counseling Center

15632 Hwy 110 S. Suite 26

Whitehouse TX, 75791 Individual NPI 1629467584/Facility NPI 1134671910/ EIN 81-4155121

903-330-1403

1. Mindful Life Counseling Center Contact Information

Please complete the following information how Mindful Life Counseling can contact you.

Name:

Email/Text Message Confidentiality Agreement

Do you give permission for
Mindful Life to contact you
via telephone calls?:

If yes, please provide a
telephone number.:

Do you give permission for
Mindful Life to contact you
via text messages?:

If yes, please provide a
texting number.:

Do you give permission for
Mindful Life to contact you
via email messages?:

If yes, please provide an
email address.:

Insurance Information

Will you be using insurance
to pay for services? :

Insurance Name:

ID Number:

Group Number:

Name of Insured:

Place of Employment of
Insured:

Credit Card Authorization

As a complimentary service, Mindful Life Counseling Center staff are happy to keep your credit card on file to be billed for charges related to co-pays/co-insurance, self-pay rates, and/or late cancellation/no show fees. Please initial to approve the following:

- I give permission to Mindful Life Counseling Center to bill my credit card as agreed below: - For use as payment for my co-pay/co-insurance or self-pay rate following every completed session. Credit card will be automatically billed for every completed session. - For use when I am charged a late cancellation or no show fee of as specified in the Informed Consent to Treatment Form. Credit Card will be automatically charged when these charges occur. - I understand that it is my responsibility to update my credit card information in the event they change or in the event I wish to have a different card on file.
- I do not give permission to Mindful Life Counseling Center to bill my credit card. I understand that payment is at the time of service and other arrangements for reimbursement must be made.

(if completing paperwork electronically, signature will be required after completion of all forms)

Signature:

Parent/Guardian Signature
if client under the age of
18:

Date: