



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:

Date of Birth:

Address (if not already
entered in portal):

Phone Number (if not
already entered in portal):

Gender (if not already
entered in portal):

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.

Emergency Contact Name

(if not already entered in
portal):

Emergency Contact
Phone Number (if not
already entered in portal):

(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: