

Solutions For Life, Inc.

Counseling, Life Coaching, and Consulting

Helping you discover Solutions for your life one session at a time.

Financially Responsible Party

Thank you for choosing Solutions For Life, Inc. Please take a moment to fill out the information below.
ALL INFORMATION IS CONFIDENTIAL.

Client's Last Name	Initial	Client's First Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Today's Date
Address		City	State	Zip Code
Primary Phone Number	Secondary Phone Number		E-mail Address	
May we leave a message? (if "yes" please check which method is acceptable to leave a message) Primary Number? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voicemail <input type="checkbox"/> With someone _____ Secondary Number? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voicemail <input type="checkbox"/> With someone _____ E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Birth	Martial Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Child/Adolescent <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with Partner <input type="checkbox"/> Widowed		Employment Status: <input type="checkbox"/> FT Employee <input type="checkbox"/> Student <input type="checkbox"/> PT Employee <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	
Age _____				

Please list all the members of your household (List any additional members on the back of form):

Name	Age	Occupation/Employment	Relationship to Client

WHO IS RESPONSIBLE FOR THIS ACCOUNT? Name(s): _____

Address/Phone (if different from client name above): _____

WILL YOU BE PAYING WITH CHECKS? Yes No

IF "YES", PLEASE PROVIDE RESPONSIBLE PARTY'S ADDITIONAL INFORMATION BELOW

Responsible Party's Social Security Number: _____ Responsible Party's Date of Birth: _____

Cancellation/Missed Appointment: Because counseling hours are reserved, Solutions For Life, Inc. charges \$150 for canceled sessions when less than 24 hours notice is given.

Returned Checks: There will be a \$25.00 service charge on all returned checks.

Delinquent Accounts: You understand that you are responsible for all charges incurred and that services must be paid in full at the time of each visit, unless other arrangements have been made in advance. Should your account become delinquent, you agree to pay interest at 1.5% per month, and if it becomes necessary for the account to be referred for collection action, you agree to pay the actual balance due plus any collection expenses of 30-50% of any balances owing, and any attorney's fees.

I have read and understand the policies listed above. I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges.

Name of Responsible Party (Please print)

Signature

Date