

Lana Isaacson, LCSW, CAC III

777 S. Wadsworth Blvd., Bldg. 2, Suite 102, Lakewood, 80226
7700 E. Arapahoe Rd. Suite 370, Centennial, CO 80112

Cell Phone: 720-432-5262, Website: lanaisaacson.com

Client & Responsible Party Agreement Form

Billing Information

The following forms of payment are accepted: Cash & Credit Card (in session) & Paypal (prior to or in session if you have the application on your phone). Paypal instructions are on: **lanaisaacson.com**. **Go to the "Paperwork & Payment" page** (tab on menu bar) & scroll down to "Payment Info." for Paypal instructions. I have a credit card reader at my office.

1. Client Information (address for credit card payments)

Name of Client: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home phone: _____ &/or Cell phone: _____

2. Responsible Party Information (fill out only if different from client)

Name of Responsible Party: _____

Email Address: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home phone: _____ &/or Cell phone: _____

3. Cardholder Authorization

Cardholder: If the client no shows or cancels in less than 48 hours for his/her appointment, I understand that my credit card will be charged the full therapy fee since Lana Isaacson cannot charge the client's insurance or EAP company for the missed session.

My credit card ends in: _____ (last 4 digits of the card)

Credit Cardholder Signature

Date

Client Signature (if different than cardholder)

Date

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Credit Card Information: (This form, in addition to other client forms, is kept in a **locked** file cabinet.)

Please provide your payment information below:

Card Type (Please circle one): Visa Mastercard Discover

Name (as it appears on the card): _____

Card Number: _____

Expiration Date: _____ 3 Digit Security Code _____