Kaci Allen, LPC-MHSP
4205 Hillsboro Pike, Suite 202 | Nashville, TN 37215
615-517-6900 | www.KaciAllen.com

Financial

Client Name: _____ Phone: _____

Social Security: _____ DOB: _____

Financially Responsible Third Party:

I, _____, authorize the below financial

information to process payment for services for:

_____.

This payment will be authorized until expressed written revocation is received.
24-hour cancellation notice is required to avoid being charged for the session.
Any insurance reimbursement is the responsibility of the client.

Name on Card: _____

Card #: _____ Exp _____

Security _____

Social Security: _____ DOB: _____

Address:

_____

City: _____ ST:_____ Zip:_____

Printed Name: _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____