

CLIENT INFORMATION SHEET

Stacey A. Bailey, LPC 221 N EAST AVE, SUITE 205 479-879-5143

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Cell Phone _____

SSN _____ Occupation _____

Date of Birth _____

(circle one) Employed Full Time / Not Employed / FT Student / PT Student

(circle one) Married / Single

Insurance: _____ COPAY or Payment amount: _____

ID number _____ Group number _____

Relationship to insured *(circle one)*: Self / Spouse / Child / Other

If relationship to insured is other than self:

Name and address of insured _____

Birth Date of insured _____ *Gender of insured: Male / Female*

****How do you prefer to be contacted for scheduling and billing?** *(circle one)* TEXT / CALL / EMAIL

****Method of payment** *(circle one)*: Pay at session / Bill Credit Card / Other

AUTOMATED CREDIT CARD PERMISSION FORM

Stacey A. Bailey, PLLC
221 N East Ave, Suite 205
Fayetteville, AR 72701

Date: _____

Name of patient: _____

Name of person on the credit card: _____

Check type of card:

Discover: _____ MasterCard: _____ Visa: _____

Account #: _____

Expiration date on card _____ CVV Code (back of card) _____

Billing address on credit card: _____
(Street address)

(City) (State) (Zip code)

Option 1

*FOR ONE TIME CHARGE: I give Stacey Bailey's office permission to charge

\$ _____ on the above credit card.

OR

Option 2

*FOR REPEATED CHARGES: I give Stacey Bailey's office permission to charge

\$ _____ on the above credit card after each date of service is rendered.

Signature of person on credit card

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

PLEASE RETURN THIS FORM TO Stacey Bailey or e-mail it to: stacey@staceybaileyllpc.com

THANK YOU!