

Shauna K. Moore, M.S., L.M.F.T.

AAMFT Approved Supervisor
Certified Integrative Health Coach

INDIVIDUAL • MARITAL • FAMILY THERAPY

To everything there is a season.

PAYMENT INFORMATION

PRINT CLEARLY

NAME OF CLIENT _____ DOB _____
ADDRESS OF CLIENT _____
HOME PHONE _____ WORK _____ CELL _____
POLICY/GROUP NUMBER _____ SS# _____
EMPLOYER _____

NAME OF INSURED _____ DOB _____
ADDRESS OF INSURED _____
HOME PHONE _____ WORK _____ CELL _____
POLICY/GROUP NUMBER _____ SS# _____
EMPLOYER _____

SECONDARY INSURANCE

NAME OF CLIENT _____ DOB _____
ADDRESS OF CLIENT _____
HOME PHONE _____ WORK _____ CELL _____
POLICY/GROUP NUMBER _____ SS# _____
EMPLOYER _____

NAME OF INSURED _____ DOB _____
ADDRESS OF INSURED _____
HOME PHONE _____ WORK _____ CELL _____
POLICY/GROUP NUMBER _____ SS# _____
EMPLOYER _____

I give my permission to Seasons Change, PLLC to contact and provide any and all necessary information to the above insurance companies. And I give permission for all payments to be sent directly to Shauna Moore/ Seasons Change, PLLC.

Printed Name

Signature

Date