



WELCOME PACKET

Client Contact and Billing Authorization Form for Individuals, Couples, and Families

For Coaching, Consulting, Counseling, Holistic Healing & Bodywork

Welcome to Harmony For Life®! We look forward to working in partnership with you. Please complete and sign this **Client Contact and Billing Authorization Form**, and fax (in its entirety) to: 505-984-1229. Next, please complete, sign, and fax us (in its entirety) the **Client Partnership Agreement Form for the program(s) of your choice**. Alternatively, you may send all forms to us via US/Worldwide Air Mail. Please take care to retain copies for your own records. Please note that we do not participate within managed care health or related business systems. As such, all information is held in strict confidence.

Your Illumination Session (first session for any of our programs) and subsequent sessions of the program of your choice will take place upon receipt of all required, signed client forms and payment.

Harmony For Life® requires pre-payment for all program services that are not in-person sessions at our New Mexico office location. For clients receiving in-person sessions at our New Mexico office, we accept payment at the time of service.

Harmony For Life® reserves the right to notify you to reschedule your session(s) if we have not received these items. Harmony For Life® requires a 24-hour cancellation via telephone (local or toll-free) for all in-person and telephone sessions. Missed appointments and cancellations (not due to illness or emergency situations) made less than 24 hours in advance will be billed at the regular session cost.

We are pleased to accept Visa, MasterCard, American Express, Discover, and JCB. We also accept money orders, cashiers checks, cash, and personal checks upon approval.

*For counseling clients who utilize insurance:

Clients utilizing insurance coverage for counseling sessions are solely responsible for notifying our office prior to the first session with information about coverage, authorization, co-payment, and provider/billing. Insurance clients also are solely responsible for ensuring continuity of coverage throughout all counseling sessions. Our office requires insurance clients to notify us immediately if there are any changes to your insurance coverage—and any counseling sessions received that are not covered by insurance will be the financial responsibility of the client.

Thank you!

Mari Tankenoff, MA, LP, LPCC, CC and/or Scott Bergér, CC

Harmony For Life®

Harmony For Life® • 522 South St. Francis Drive • Santa Fe, NM 87501
P: 505-984-1102 • 877-984-1102 • F: 505-984-1229
info@HarmonyForLife.com • www.HarmonyForLife.com
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Client Contact Information

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Daytime Phone _____ Evening Phone _____

Fax Number _____ E-Mail Address _____

Preferred Contact Method: Phone Fax E-Mail

Please specify how we shall leave a confidential message for you if unable to reach you directly:

Occupation/Career/Student Status/Current Life Role _____

Employer/School (If applicable) _____

Partner's Name (If applicable) _____

Children's Names and Ages (If applicable) _____

In Case of Emergency, please contact:

Name _____

Phone _____ E-Mail Address _____

I will be participating in the following program or programs (check all that apply)*

Coaching Consulting Counseling Holistic Healing & Bodywork

How did you hear about Harmony For Life®?

***Client Signature: I, _____, on the date of _____, have read this Contact Billing Form in its entirety, and I agree to these terms set forth.**

Billing Information and Authorization Pre-Payment Credit/Debit Card:

I authorize Harmony For Life® to charge my credit/debit card for the amount shown for services or programs as noted below until I terminate that authorization in writing.

Client Name _____

Name on Card (If not the same as above) _____

Billing Address _____

City _____ State _____ Country _____ Zip _____

Phone _____ E-Mail _____

VISA MasterCard American Express Discover JCB

Card Number _____ Expiration Date MM/YY _____

\$ _____ per session for a total of _____ sessions,

or \$ _____ per package = **TOTAL \$ AMOUNT** _____

Authorized Signature _____ Date _____

Pre-Payment Directly to Harmony For Life®:

I have made arrangements directly with Harmony For Life® to pre-pay for my services and programs at Harmony For Life®. Approved pre-payment for services will be in the form of (select one):

Money Order Cashiers Check Personal Check Cash Gift Card

\$ _____ per session for a total of _____ sessions, or \$ _____ per package

I have pre-paid a **TOTAL \$ AMOUNT** of _____ .

Client Signature _____ Date _____

Thank you for faxing or mailing this form in its entirety to:

Harmony For Life®

522 South St. Francis Drive

Santa Fe, NM 87501 USA

Fax: 505-984-1229

NEXT STEPS... *Please review, complete, sign, and fax or mail to us the **Client Partnership Agreement Form** (in its entirety) for the program(s) of your choice. Thank you! Questions? Call us at 505-984-1102 or 1-877-984-1102.