

**Wellness Solutions, LLC**  
Insurance and Payment Form

*\*\*Please print, read thoroughly, sign at the bottom, and bring to your first session. If you have any questions please let me know and we can discuss them in your first session.*

**Wellness Solutions, LLC office policy requests that a credit card be on-file for ALL clients.** The credit card kept on file will be the payment method used for your co-pay if a client does not choose to write a check or pay cash at the time of the session. This card will also be charged for missed appointments and in the event insurance denies coverage for treatment. Please note that 24 hour notice is required in order for a client to cancel an appointment without being charged the full fee for the session.

Credit Card Type: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Number on Credit Card: \_\_\_\_\_  
Expiration Date on Credit Card: \_\_\_\_\_  
Security Code on the Back of Credit Card: \_\_\_\_\_

**By providing this credit card information and agreeing to Wellness Solutions, LLC office policies, fees, and payment agreements I authorize Wellness Solutions, LLC and/or Danielle C. Ellis, MA, MCJ, LPC, NCC to charge my credit card for services provided and for appointment times that are set aside for me that I do not attend.**

Client Name (Print): \_\_\_\_\_  
Client Signature: \_\_\_\_\_  
Client Signature Date: \_\_\_\_\_  
Wellness Solutions, LLC Witness (Print): \_\_\_\_\_  
Wellness Solutions, LLC Witness Signature: \_\_\_\_\_  
Wellness Solutions, LLC Witness Date: \_\_\_\_\_