

Dr. Karina McGovern Chace, LPC
Licensed Professional Counselor
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11250 Roger Bacon Dr., Suite #5, Reston, VA 20190

NEW CLIENT INFORMATION SHEET

Date of First Appointment: _____
Name: _____ Age: _____ Date of Birth: _____ Marital Status: _____
Address: _____
City/State/Zip Code: _____
Home Address (if different from above) _____
Home Telephone #: _____ Work Phone #: _____
Cell Phone #: _____ Email Address: _____
It is ok to leave messages at (check): Home Work Cell Email
Please do not leave messages at (check): Home Work Cell Email
Employed by: _____

In Case of Emergency, Please notify: _____
Address: _____
Relationship: _____
Home phone: _____ Work Phone: _____ Cell: _____
Learned of Dr. Karina McGovern Chace from or referred by: _____

FINANCIAL RESPONSIBILITY

Person Responsible for Payment of Bill if other than patient: _____

Billing Address (if different from Above): _____

Payment is expected at the time of your appointment. Payment is the responsibility of the patient or the above named party, not the insurance company unless otherwise agreed. You will be charged for missed appointments unless 24 hours' notice is given. No charge will be made if the appointment can be rescheduled within the same week. However, it may not be possible to do this based upon either patient's or clinician's schedules. Inability to reschedule on either person's part does not relieve this financial responsibility.

Statements are normally provided on a weekly basis, or monthly basis if preferred by the patient. A detailed statement can be provided with each payment. Your account may be sent to collections for any part that is unpaid. Patient or responsible party is responsible for all collection fees and costs for the collections of delinquent accounts.

Signature: _____

Clinician: _____ Date: _____