

Client Contact and Billing Information Form

Chime Mental Health Services  
P.O. Box 121  
Wells, MN 56097

Phone (507) 461-0874  
www.chimementalhealth.com

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Client Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Contact Information

Phone (W-H-C): \_\_\_\_\_ May We Leave Messages? Yes or No If Yes, Voice or Text?

Phone (W-H-C): \_\_\_\_\_ May We Leave Messages? Yes or No If Yes, Voice or Text?

Email address: \_\_\_\_\_

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Payment Authorization

Payment in the amount of \$\_\_\_\_\_ for 50 minute sessions are due the day of the appointment. Payments can be made with credit card, Venmo or check (case by case basis). I agree to make those payments on the day of the appointment. I understand that no further appointments will be scheduled until previous sessions are paid in full.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_