

# JEN MCVANN, MS LMFT CST

6800 France Ave S • Suite 560 • Edina, MN 55435 • Phone (612) 524-8008 • Fax (612) 886-1920  
therapy@jenmcvann.com • www.jenmcvann.com

---

## Billing Information

Client Name: \_\_\_\_\_

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

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

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

Billing Phone: \_\_\_\_\_ OK to leave message? ☐ Yes ☐ No

Credit Card Number: \_\_\_\_\_

☐ MasterCard ☐ Visa ☐ AmEx ☐ Discover Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

I am responsible for payment to Jen McVann Therapy, LLC for all services rendered and I understand that if I suspend or terminate my treatment any outstanding balance will be immediately due. I hereby give consent to charge my credit card for any outstanding balance such as deductibles, copayments, fees, or other amounts my carrier determines payable by me.

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