

Mountain Air Mindfulness
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Enrollment for Half-Day Retreat

Personal Information

Name: _____

Phone: _____ Emergency Contact: _____

OK to leave detailed voicemail message? _____ Email address: _____

Consent for treatment, statement of financial responsibility:

I hereby give my consent for mental health consultation and treatment in the form of retreats. I understand that the facilitators cannot guarantee that other participants will maintain the confidentiality of what is said during retreats. I understand that this service will not be directly billed to my insurance company and I have been made no promises of reimbursement. Any effort to be reimbursed out of network for the cost of treatment is my own responsibility. I agree to be financially responsible for all charges that accrue from consultation and treatment, including those not covered or reimbursed by my health insurance. This authorization will remain in effect indefinitely.

Your signature _____ Date _____

Payment Information

Please complete the following information if you wish to pay by credit card. This form will be securely stored in your file and may be updated upon request at any time. See below for options to pay with cash or check.

Card #: _____ Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3 digit code on back of card by signature line): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorization ****Please sign one of the options below to indicate your preferred method of payment****

By signing below, I am authorizing automatic charges to my credit card for the retreat registration fee as my preferred method of payment. Charges will appear on the date of the retreat. I agree to give 48-hours' notice for cancellation of retreats.

Signature: _____ Date: _____

By signing below, I am indicating my preference for **paying for services by cash or check, at the time of enrollment**. I will pay at time of service for any individual or family sessions and will 48-hours' notice for cancellation of retreats. An additional \$25 is assessed for returned checks.

Signature: _____ Date: _____