

Letting Go Registration

August 25-27, 2023

Tiger Mountain Counseling LLC
22431 NE 60th St
Redmond, WA 98053
(425) 281-1407



Your registration and \$350 payment reserves your spot. Contact Tom (425) 281-1829 if you would like to discuss billing insurance, or if you have any questions.

Name _____

Address _____

Phone: _____

Email: _____

Amount \$350 _____ OR bill my Insurance _____

Credit card _____ Check _____

Please fill out the attached credit/debit form if using a card.

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I, _____, authorize Tiger Mountain Counseling LLC to keep the following credit or debit card on file throughout the duration of my (or my dependent's) treatment at Tiger Mountain Counseling LLC. This card will be used to pay all co-pays, deductibles, and outstanding balances:

Name of Card Holder: _____

Patient Name: _____ Patient Date of Birth _____

Card Holder Billing Address: _____

Card Number: _____

Expiration Date: _____ CCV Number: _____

Signature

Date