

ChattanoogaCounselor.com, Inc.
Clinical Group or Practice Application

Practice Name: _____

Clinical Staff:

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Web URL: _____

Years in Existence: _____

Insurance(s) Accepted: _____

Areas of Interest/Expertise (check all that apply)

- Medication and Treatment Testing Depression/Bipolar
- Anxiety/Stress Children Adolescents Family
- Multicultural Marriage/Relationship Trauma
- Psychoses Sexual Issues Homosexual Change
- Grief and Loss Domestic Violence Empowerment Life-Coaching
- Inner Healing/Deliverance Career Medication Weight
- Psychological Testing Sexual Abuse Sexual Perpetrator
- Foster Care/Adoption Drug/Alcohol Addictions
- Personality Disorders Anger Management ADHD
- Child Abuse/Neglect Behavior Mod/Parent Education Alternative/ Herbal/Holistic
- HIV/AIDS GLBTG Spirituality Group work Other:

Mission/Vision Statement/Offerings (counseling styles, philosophy, classes, groups, etc.) 200-250 words

___ \$25 one time design and set-up fee (payable upon acceptance)

___ I would like to pay annually the amount of \$ 275.00 (savings of \$25 payable upon acceptance)

___ I would like to pay monthly (\$25) Please debit my account (form is attached)

How did you hear about us? News Radio TV Friend

For office use only:

Date: Annual payment received: _____ Renewal Date: _____

Design and Set- Up Fee received: _____

Debiting form complete and attached if applicable: _____

Clinical Group Agreement complete and attached: _____

Notes:

ChattanoogaCounselor.com, Inc.
Clinical Group or Practice Agreement

I, _____, a representative of clinical group listed below, agree to advertise on the website, www.chattanoogacounselor.com. I attest that all information provided on this application is true. I thereby, by my signature, give permission to Chattanooga Counselor.com, Inc. to use our information to be posted on the internet.

We understand that we are to pay a monthly/annual amount of \$25/\$275 membership fees and that it is a form of advertisement. We give permission for this information to be posted on the Internet in the form of a pop-out page. We have also attached our application. Our one-time template design and set-up fee of \$25 is also enclosed.

Signed: _____, Representative of
_____ Clinical Group or Practice

Accepted: _____, Representative of Chattanooga
Counselor.com, Inc.

PO Box 2501 Chattanooga, Tennessee 37409 - 423-505-8365 - chattcounselor@bellsouth.net

Name of the Responsible Party for Monthly Charge:

Authorization for Automated Debit Entries

I (we) hereby authorize **ChattanoogaCounselor.com, Inc.**, hereinafter called COMPANY, to initiate electronic **debit** entries to my (our) [] Checking [] Savings account (select one) indicated below and the Financial Institution named below to debit same to such account.

FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

This reoccurring/non-reoccurring transaction is to begin on _____ (date) and occur _____ (frequency and/or dates) thereafter in the amount of \$_____.

This authority is to remain in full force and effect until COMPANY has received written notification 30 days from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME(S): _____ DATE: _____

SIGNED: _____

ChattanoogaCounselor.com, Inc.
PO Box 2501
Chattanooga, Tennessee 37409
423-505-8365

PRICE LIST Chattanooga Counselor.com

ONE TIME SET UP FEE	\$25.00 one time
INDIVIDUAL	\$15.00 per month
BUSINESS BUTTON	\$20.00 per month
GROUP	\$25.00 per month
ORGANIZATION	\$30.00 per month

*All applicable taxes are included. Payment is for a pop-out page (or a business button link) on the site that includes a photograph/logo, link, and information about your practice, business, or ministry. Payments can be debited through Tennessee Valley Federal Credit Union or made in annual lump sums. Feel free to call us to work out a plan that works best for you and your organization.