

# *Lifestyle Center for Counseling & Nutrition*

## *Billing Procedures*

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This letter is intended to inform you of our billing procedures. **All Clients must keep a credit card on file per office policy. Therefore the following form titled, *Electronic Payment Authorization Form*, must be completed in full at this time.**

### **Forms of Payment**

The Clinicians'/LCCN's preference for receiving self-payments or insurance co-payments is via *Cash or Check*.

For your convenience Clinician/ LCCN will also accept these Major Credit Cards: *Visa, MasterCard, and Discover*. This includes HSA and FSA credit cards. Please indicate your preferred form of payment on the *Electronic Payment Authorization Form or discuss with your clinician*. The Electronic Payment form will be securely entered into a Secure Clinician software database then card information shredded. The change of card on file may be updated upon request at anytime. Your provider will deduct your session fees, and missed or late cancelled appointment fees from the account designated on this form. **Please be aware that all transactions will read 'Therapy Partner Corporation' on your bank or credit card statements.** Therapy Partner is the merchant who processes our Credit Card transactions and sends monthly statements when your account is active.

### **Monthly Statements**

Clients will receive monthly receipts/superbill/statements via email for all sessions billed within a calendar month. You must first verify or authenticate the initial email from '**Therapy Partner**' once it is set up initially by clinician. These emails will come directly from '**Therapy Partner**'. Clients may also request a statement be manually sent via email by clinician at any time.

Please feel free to discuss any billing matters or this information with your provider.

Sincerely,  
Mitzy K. Galer, LMHC