



**Third Party Authorization Form**

Please complete and return this form by email to [jillpoulson@lifestartherapy.com](mailto:jillpoulson@lifestartherapy.com), or mail to: 151 E. 5600 South Ste #308 Murray, Utah 84107 **Inquires: (801)262-2400**

**Billing Information for Third Party:**

Name of Third Party: \_\_\_\_\_ Relation to client: \_\_\_\_\_

3rd Party Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*

**\*\*LifeStar Client(s) Name(s):** \_\_\_\_\_

Amount paid by third party:  100%  Partial (Please explain): \_\_\_\_\_

**By signing below, I confirm my voluntary participation in paying for services rendered by LifeStar Salt Lake in behalf of the client listed above. However, I also understand that the financial responsibility remains with the client. If I choose to stop contributing, I will contact the Client and LifeStar and inform both of the changes.**

\_\_\_\_\_  
**Third Party Signature** for Assistance

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature of Financial Responsibility**

\_\_\_\_\_  
**Date**

**Payment Method:**

Please select your preferred method of payment. If you select to pay by card, please fill out the next section.

**Debit/Credit Card**(complete information below)       **Check**       **Cash**

Not Applicable:

**I authorize the card ending in \_\_\_\_\_ (last four digits of the card) with the CVV code of \_\_\_\_\_ (three digits on the back of the card) for all services and fees rendered by LifeStar Salt Lake for the client listed above.**

I understand that this form authorizes LifeStar Salt Lake to charge this card for varying session types, across multiple dates of service. By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

\_\_\_\_\_  
**Card Holder Signature (if applicable)**

\_\_\_\_\_  
**Date**

Payments are processed by Therapy Partner.

Therapy Partner is a registered ISO/MSP of Fifth Third Bank, Cincinnati, OH and HSBC Bank USA National Association, Buffalo, NY.

**\*The section below will be destroyed once the information is securely encrypted and stored electronically\***

**Not Applicable**

**Debit/Credit Card Information (Visa, MasterCard, Discover):**

Card to keep on file:  Debit  Credit      Card Type:  Visa  MasterCard  Discover

Name on Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_



To Whom It May Concern:

You are receiving this letter because it has been indicated to us that you will be assisting in the payment of therapeutic services rendered by LifeStar Salt Lake. Thank you for your assistance in the recovery and wellness of our client.

LifeStar Salt Lake is an addiction recovery clinic located in Murray Utah and is part of the International Network of LifeStar clinics. We offer individualized therapy along with group therapy. We specialize in treating those with unwanted compulsive sexual behaviors and addictions, as well as those who have been negatively affected by the behaviors of others and are suffering from betrayal trauma. Though this is our specialty, we also provide various other therapeutic services and treatments such as depression, anxiety, ocd, ptsd and many other conditions that individual struggle to understand and overcome.

Our client has indicated your involvement in the financial aspect of their therapy. Because of this, we ask that you please complete the information on the attached "Third Party Authorization Form." You can choose to pay with a debit/credit card, by check, or by cash. Invoices and monthly statements will be sent electronically by email to both you and the client. If you elect to pay by card, please follow the email authentication instructions you will receive in your inbox from Therapy Partner. Payments will be drawn from the card automatically and immediately upon services rendered. To pay by check, please include the client's full name in the memo line, as well as the Therapist's name (if known). Please make checks payable to:

LifeStar Salt Lake  
151 East 5600 South, Ste 308  
Murray, Utah 84107

At LifeStar Salt Lake, our clients participate in individual therapy, group therapy, and often times both. Individual sessions are billed at the time of service and range in price from \$95 to \$130 per hour, depending on which therapist the client is seeing. Group sessions are broken into three phases. The first phase is a six-week group program held weekly for three hours on Thursday evenings from 6-9pm. The price is \$450 per person.

Phases two and three are \$200 per month, per person. This includes a 1 ½ hr group session per week. The payment is considered a tuition payment and is not altered if the client misses a session, or sessions, throughout the month. If extenuating circumstances arise, we will work with you and the client to excuse their absence's. Phases two and three typically run for a duration of one to two years, depending on the needs of the client and the group.

Attendance is a crucial aspect of recovery, as is financial responsibility. Even though you are helping pay for their therapy, the client has the ultimate financial responsibility. Thank you for working closely with them, and helping to give them a chance at long lasting recovery. Should you have any questions, please do not hesitate to contact us.

Kindest Regards,

Jill Poulson  
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801-262-2400