



LifeStar Salt Lake, LLC
151 E. 5600 South, Suite 308
Murray, UT 84107
801-262-2400

Payment Information

Client Name: _____ DOB: _____

Please indicate how you plan to pay for services

Payment is due at the time of service

(Select) **Self-Pay** (circle applicable): DEBIT/CREDIT CARD CHECK CASH OTHER (info): _____
(See card info below)

(Select) **Third-Party Assistance** (circle applicable): CLERGY FAMILY OTHER (info): _____

Third-Party Information (*Third-Party Payment Authorization Form Required*)

Name: _____ Relation to Client: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

By signing below, the client authorizes LifeStar Salt Lake LLC to mail and/or email billing information to the third party (shown above) and understands the potential confidentiality risks. *It is still the client's responsibility to ensure that payment is made on time. Third parties are NOT charged for no-shows or late cancellations.*

X _____
Client Signature Date

LifeStar does not currently take insurance. However, we will work with you to pursue re-imbursement from your insurance. Do you plan to pursue re-imbursement from your insurance (circle applicable)? YES NO

Electronic Payment Authorization and Card Info

An electronic form of payment via credit or debit card IS REQUIRED for all clients. All major credit cards are accepted. If a third-party or other form of payment is preferred and indicated above, the card on file will only be utilized in the event that payments are late and/or missing.

By signing below, the client authorizes LifeStar Salt Lake LLC to charge the card ending in (last 4 digits) _____ for services rendered.

X _____
Client Signature Date

The section below will be destroyed, and information will be securely stored electronically

Payments are processed by Therapy Partner, which is a registered ISO/MSP of Fifth Third Bank, Cincinnati, OH and HSBC Bank USA National Association, Buffalo, NY

Name on Card (if different from above): _____ Exp. Date: _____

Card Number: _____ CVV: _____ ZIP Code: _____

Card Billing Address: _____ City: _____