

*Shannon Miles, M.A.*

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This letter is intended to inform you of current billing procedures. Please feel free to discuss the information in this letter with me.

***Forms of Payment:***

I accept the following forms of payment: Visa, MasterCard, and Discover,. Please indicate your preferred form of payment on the *Electronic Payment Authorization* form. The Electronic Payment Form will be securely stored in your clinical file and may be updated upon request at any time. I will deduct your session 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 statement.** Therapy Partner is the merchant who processes our credit card and e-check transactions.

Beginning May 1st, 2008, a \$30 fee will be assessed for all Charge-backs initiated by any cardholder. Charge-backs occur when a cardholder disputes a credit card transaction. Also, effective May 1st, 2008, a \$20 fee will be assessed for any electronic checks that are processed through the program and declined due to non sufficient funds.

***Monthly Statements:***

You will receive monthly statements via email for all sessions attended within a calendar month. You can also log into our billing system to generate and print statements for any time period by accessing the following web address: <http://www.TherapyPartner.com>. If you would like access to your account history, please notify me and a username and password will be emailed to you.

Please feel free to discuss any billing matters with me.

Sincerely,  
Shannon Miles, MA  
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