



RE: Letter of Intent

Dear

Thank you for giving me the opportunity to bill for your practice! I am delighted to be on board! The following is written clarification for what we have mutually agreed upon.

My start up charge is \$165.00. My understanding of our mutual responsibilities is that I will bill for your clients who choose to use their insurance as a means of payment. I will bill the insurance companies and clients for all sessions provided by you. You will provide me with payment information from insurance companies and clients for those sessions. You will pay me 8.5% monthly on all monies collected from insurance companies and clients. I will provide you with monthly reports on client balances, insurance balances, all monies collected and any specific reports that you request.

In the event that either of us wishes to terminate our billing arrangement, we agree to provide each other with a thirty (30) day notice and agree to continue to abide by the terms of our agreement until all sessions have been paid. I agree to actively pursue collecting monies on your behalf, and you will agree to provide me with payment information from insurance companies and clients. I will provide you with any and all final reports that you request.

Please feel free to contact me if you have any questions or concerns about this billing arrangement. Please sign below and return a copy to me indicating acceptance of the terms of our billing arrangement. Thank you.

Billingly Yours,

Kathleen E. Hartigan

billingline

82 COUNTY ROAD PMB #3 • MATTAPOISETT, MA 02739
PHONE: 508 207 5624 • FAX: 508 748 1561 • EMAIL: BILLINGLINE@VERIZON.NET
WEBSITE: WWW.BILLINGLINEMENTALHEALTH.COM