

# PSYCHOTHERAPY STRESS-RELIEF SERVICES

**Karie Klim, MFT, MFC 101425**

182 Farmers Lane, Suite 204

Santa Rosa, CA 95405

(707) 888-0106

| karie@karieklim.com

| www.karieklim.com

## Credit Card Processing Fees Agreement

All forms of credit are accepted in this practice—MasterCard, Visa, American Express, Discover. A convenience fee of the charge on the credit card will be assessed per transaction—2.75% + .10 on swiped transactions and 3.5 + .15 for manual transactions. This will apply to only payments made by credit card. Karie Klim, LMFT will not profit from any of those fees.

Name of Client: \_\_\_\_\_

Name of Person Responsible for Payment of Account: \_\_\_\_\_

Address of Responsible Person: \_\_\_\_\_

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_

The client, or the client's **Responsible Party**, understands that they are **responsible** for all costs of collection. By signing below, you agree to accept full **financial responsibility**, including additional convenience fees as a client who is receiving medical services, or as the **responsible party** for minor or dependent clients.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Responsible Party Name (Please print): \_\_\_\_\_