

Client Payment Authorization

In an effort to better serve my clients and simplify their billing experience, I now offer different payment options. Clients may now use Zelle payment or Credit Card. All payment information is filed with your confidential client information and kept secure.

The following payment authorization will be used for fees accrued for the clinical services provided by Katie M Wyss, LMSW. The fee for service is \$175 per session for one hour time frames reserved for the specific client. Payment is due before or at the time of service. Full payment fee will apply for no show/late cancellations within 24 hours of the scheduled session.

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| OPTIONS | <p>Please choose a form of payment:</p> <p>____ (initial) I hereby authorize Katie M Wyss to charge the balance currently due at the time of services via the credit card listed below. This includes the \$175 session fee plus any outstanding balances I may have incurred due to no show/late cancellation fees.</p> <p>____ (initial) I hereby commit to pay Katie M Wyss via a Zelle account the full balance due before or at the time of service. Zelle ID: KatieMWyssLMSW@gmail.com / 734-926-9189 Client Zelle E-mail or Phone Number ID _____</p> |
| PAYMENT INFORMATION | <p>Client Name: _____</p> <p>Client Billing Address: _____</p> <p>Type of Card: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p> <p>Card Number: _____</p> <p>Expiration Date: _____ Security Code: _____ <small>(last three digits on card, last four on AMEX)</small></p> <p>The undersigned guarantees performance of the financial provisions of this agreement.</p> <p>Card Holder Name: _____</p> <p>Signature of Card Holder: _____ Date: _____</p> |
| CHARGE POLICY | <p>____ (initial) Being the authorized cardholder, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card or provide payment via Zelle for the above agreed upon services. I further agree that in the event my payment source becomes invalid, I will provide a new valid credit card upon request, to be charged for any outstanding balances owed.</p> <p>____ (initial) Charges made for actual services performed by Katie M Wyss are non-refundable. I understand that this is a private pay charge, and therefore, I forfeit any insurance policy I may have. Any attempts for payment reimbursement from another party is my responsibility.</p> |

Client Signature _____

Date _____