

# **BAY AREA CLARITY**

**Tina Clayton, Inc.**

**Psychotherapy and Behavioral Health & Wellness Services**

## **THERAPEUTIC DISCOUNT PACKAGE OPTIONS**

**With the option of purchasing therapeutic services in advance at a discounted rate, I agree to the discount of:**

*(circle): 10% or 5% off*

### **10% off 10 sessions**

**I want to save \$100.** Bringing my balance of \$100/session totaling \$1,000 down to \$90/session totaling \$900

*Or*

**I want to save \$130.** Bringing my balance of \$130/EMDR session totaling \$1,300 down to \$117/session totaling \$1,170

### **OR**

### **5% off 5 sessions:**

**I want to save \$25.** Bringing my balance of \$100/session totaling \$500 down to \$95/session totaling \$475

*Or*

**I want to save \$32.50.** Bringing my balance of \$130/EMDR session totaling \$650 down to \$123.50/session totaling \$617.50

**I, (print client name) \_\_\_\_\_, authorize Tina Clayton, Inc., Bay Area Clarity, to charge my card listed below/next page for \_\_\_\_\_ number of sessions with the total one-time charge of \$ \_\_\_\_\_ effective immediately.**

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**Client Signature**

**Date**

**I, (print client name) \_\_\_\_\_, understand that if for any reason I no longer need or want services, for any reason, decided by myself (client) or Tina Clayton, LCSW/Bay Area Clarity, and have remaining pre-paid session(s), I will be refunded the total amount of un-used sessions with the**

stipulation that all prior sessions would be charged at the normal session rate without the package discount (\$100/session or \$130/EMDR session) and refunded the total remaining pre-paid balance thereafter.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**CREDIT CARD FOR ONE-TIME USE:**

(please print client name) \_\_\_\_\_

AMEX

VISA

MASTERCARD

DISCOVER

CARD HOLDER'S FULL NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

THREE-DIGIT SECURITY CODE # ON BACK OF CARD: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date