

# WARRIOR WELLNESS

INTERVENTIONAL PAIN MANAGEMENT,  
HORMONE THERAPY, REGENERATIVE  
& AESTHETIC MEDICINE

## PAYMENT BY CARD PROCESSING AGREEMENT

### EFFECTIVE APRIL 9, 2025:

When submitting a credit or debit card payment, over the phone, or in-person, I, \_\_\_\_\_, agree to pay a service fee of 4%.

This transaction processing fee will be collected by Warrior Wellness Inc. to cover third-party charges.

To avoid this 4% fee, I understand that I may alternatively pay by cash or check.

Please note that cash payments may be eligible for a discount. Cash discounts must be approved by Warrior Wellness Inc. and will only be applied to approved procedures.

## Payment by Personal Check Agreement

I, \_\_\_\_\_, understand that Warrior Wellness Inc. will bill me a \$50 inconvenience and delayed payment fee, in the event that my personal check is returned and/or unpaid due to insufficient funds.

Printed Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_