Dr. Jorge J. Asturias, PsyD, Inc.
A Professional Psychology Corporation

COPAYMENT AND SELF-PAY or OUT OF POCKET FINANCIAL AGREEMENT

Be advised, you are financially responsible for all missed appointments and/or late cancellations **(24-hour notice required)**.

I require all clients with a co-payment and/or those paying for services "out of pocket" to provide and maintain a current Credit Card copy and/or data on file to cover for missed copayments, missed sessions, unpaid fees, and/or returned checks.

By providing the following information, you authorize Dr. Jorge J. Asturias or the office of Dr. Jorge J. Asturias, PsyD., Inc. to charge and collect any due fees, **including an additional $2.00 to $3.00 fee for processing charges**, resulting from the aforementioned conditions or circumstances.

Name on Credit Card:_____

Credit Card Type: _____AMEX _____VISA _____MC _____DISCOVER

Credit Card Number: _____

Expiration Date: _____ Three Digit Security Code:_____

Billing Zip Code_____

Signature: _____Date_____

Clinical & Forensic Psychology | License PSY 18812
24619 Washington Avenue, Suite 203, Murrieta, CA 92562
T: 951.304.9445 | F: 951.304.9792
www.DrJAsturias.com | E: Jorge@DrJAsturias.com | E: DrAsturias@gmail.com