



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 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