



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

FINANCIAL AGREEMENT

Be advised, you are financially responsible for all missed appointments and/or late cancellations. Please return this form completed to our office by mail, email, or fax prior to your initial appointment.

- _____ First time patient appointments require **48-hour cancellation notice** or a **\$100** cancellation fee will be charged.
- _____ Established insurance patient appointments require **48-hour cancellation notice** to avoid a \$50 cancellation fee.
- _____ Established cash-paying patient appointments require **48-hour cancellation notice** to avoid a late cancellation fee equal to the full cost of the session.
- _____ Established patients with **No-Show and/or No-Cancellations** appointments will incur a \$150 fee.

We require all clients to provide and maintain a current Credit Card copy and/or data on file to cover for co-payments, 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 3 to 3.75% credit card processing fee**, resulting from the aforementioned conditions or circumstances.

Name on Credit Card: _____

Credit Card Type: _____ AMEX _____ VISA _____ MC _____ DISCOVER

Credit Card Number: _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

Signature: _____ Date _____

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