

Wellspring Psychological Associates

Suzanne Stubblefield, Ph.D.

Clinical Psychologist, License # PSY 19247

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Financial and Cancellation Policy

All charges for psychological services are due and payable at the time of service. Please make payments directly to your therapist at the beginning of each session. Payment can be made in the form of cash, personal check or credit card. A fee of \$25 will be charged for each personal check returned by your bank for any reason. All checks should be made payable to Dr. Suzanne Stubblefield.

Your health insurance policy is a contract between you and your insurance company. It is important for you to understand its provisions, and that payment of your claims is not guaranteed. You are responsible for payment of your bill regardless of the status of your insurance claim. If your insurance company pays only a portion of the bill or rejects your claim entirely, an explanation should be made to you as the insured. Reduction or rejection of your claims by your insurance company does not relieve you or your financial obligation to Dr. Stubblefield.

If you must cancel an appointment, a 24-hour advance notice is required to avoid being charged for that appointment.

These policies are a necessary part of maintaining reasonable fees for professional services. Your cooperation is appreciated.

Fee Agreement: _____

I HAVE READ AND AGREE TO THE ABOVE TERMS:

Client Signature or Parent/Guardian if Client is a Minor Child

Date