

**Orange Coast Psychological Associates, P.C.**  
**10061 Talbert Avenue, Suite 200**  
**Fountain Valley, CA 92708**  
**Office (714) 965-3622/Fax (714) 965-3672**

**PATIENT FINANCIAL RESPONSIBILITY AGREEMENT**

You will be financially responsible for any fees that are not covered by your insurance plan. These often include, but are not limited to:

- Have not met deductible
- Provider is not in-network
- You are not current with your insurance premiums
- Number of sessions exceeds approved sessions
- Pre-authorization required and not obtained
- Failure to give adequate notification of **at least 24 hours** prior to scheduled appointment for cancellations or rescheduling appointments

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I understand the above and will be financially responsible for services rendered but not covered by my insurance plan.

I understand that charges for any of the abovementioned reasons will not be disputed.

I understand that Orange Coast Psychological Associates, P.C., requires a credit card on file to commence services.

Card Type:  Visa    MasterCard    American Express    Discover Credit Card

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Billing zip code

\_\_\_\_\_  
Patient/Financial Guarantor's Signature

\_\_\_\_\_  
Date

Email address: \_\_\_\_\_

*\*\*Credit cards will only be charged in the above situations, and will not be used for office visit copays that are due at the time of service. Acceptable forms of payment for office visit copays are check, cash, or money order.*