

Telephone: (951) 684-6684
Email: admin@drbergin.net

Fax: (951) 684-7503



Mailing Address: 17130 Van Buren Blvd. #341 Riverside, CA 92504
Physical Address: 5033 Arlington Ave., Suite A, Riverside, CA 92504

APPOINTMENT PROTOCOL

Dear Client,

Please note the following information regarding your counseling sessions with _____:

(Please initial the following)

_____ Sessions are _____ minutes in length. Sessions for Children age 10 and under are usually 30 minutes in length.

_____ All appointments **must** be cancelled with a 24 hours advance notice of the scheduled session time.

_____ Any appointment that is not cancelled 24 hours in advance will be charged the full session fee.

Session fees are as follows:

\$_____ per session

_____ Copayments and session fees are due at the time service is rendered.

_____ All children under the age of 14 years, while waiting in the lobby, must be accompanied by an adult.

Thank you very much for your consideration,

Office Manager

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Patient Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Witness Signature: _____ Date: _____