



Harbor Place
A Quiet Place to
Learn and Grow

Harbor Psychological Associates and Harbor Center for Sexual Health

1148 Fourth Street • Muskegon, Michigan 49441
Phone: 231-726-2299 • Fax 231-728-6345
www.harborpsychological.com

Stella Dial, Ed.D.
Licensed Psychologist

Margaret A. Lowe, Psy.D
Licensed Psychologist
Sex Therapist

Michelle A. Martin, MA
Licensed Marriage & Family Therapist
Limited Licensed Psychologist*
Certified Sex Therapist

Associates:

Jennifer Imbault, MA
Licensed Professional Counselor
Nationally Certified Counselor

June Martinez, Psy.D
Psychologist-
Doctoral Educational Limited*

Debra Tufts, MA
Limited Licensed Psychologist*
Education Specialist
Certified School Psychologist

Blake Martinez, Psy.D
Licensed Psychologist

Karli Baldus MA
Limited Licensed Psychologist*
Licensed Professional Counselor

Matthew Sharpe, MATS, MAC
Professional Counselor-
Educational Limited*

Joshua Martinez, MA
Temporary Limited Licensed Psychologist*
Limited Licensed Professional Counselor*

I understand:

1. Copays, deductibles, & outstanding balances are due prior to appointments. If amount is not known, \$30.00 will be collected until amount is verified with insurance company. Any overpayment will be refunded or applied to future co-pays.
2. Late Cancellation (less than 24 hour notice) and Missed Appointments may be charged \$75.00 each occurrence. Since insurance cannot be billed for these charges, the client will be held responsible for the entire amount.
3. Harbor Psychological may use my provided phone number to contact me in-person, by robocalls, and text regarding my treatment, account, and appointments. Appointment reminders are a courtesy service; failure to receive an appointment reminder call, robocall, or text will not waive my Late Cancellation or Missed Appointment fees.
4. Harbor Psychological may use my provided mailing address to contact me regarding my treatment, account, and appointments. It is my responsibility to respond if requested to do so.
5. It is my responsibility to inform Harbor Psychological of changes to my phone, address, contact information, billing information, and insurance.
6. Returned checks will incur a \$15.00 fee per occurrence, in addition to original amount due.
7. If I am unable to pay my copay and any balance due, my appointment may be rescheduled, and also charged a late cancel fee.

INITIAL DATE

*Supervised by a Licensed Psychologist or
Licensed Professional Counselor



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I understand:

8. Failure to pay for charges will result in alternative action, possible interest fees, and may affect your credit nationwide. Accepted forms of payment are credit card, check, and cash.
9. I understand Harbor Psychological cannot accept any Medicaid plans or products as a primary or secondary insurance; therefore copays, deductibles, Late Cancellation charges, Missed Appointment charges, and other fees will be my responsibility.
10. As the person initiating this account and signing off on this form, I am responsible for all charges incurred on this account. Harbor Psychological cannot bill a third party for services rendered to this account.
11. If I disagree with any services, I must submit my disagreement in writing within 30 days of the service. If I disagree with any charges, I must submit my disagreement in writing within 30 days of the receipt of the statement.
12. I understand Harbor Psychological has a policy in place if I wish to bring a pet to the office. In such case, I will review and follow the policy, available at the front desk.
13. I understand if I no-show or late cancel two appointments in a row and I do not respond to attempts to reach me, all future appointments will be cancelled.

I understand what I have read and agree to the terms set forth.

SIGNATURE

DATE

CLIENT'S NAME PRINTED

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