



Superior Psychiatric Services™
A Professional Medical Corporation

Newport Beach & Palm Desert

Treatment Consent Summary

Your signature below indicates that you have read the Treatment Description and Consent form, which contains information on psychiatric services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting Dr. Meshi, professional records, confidentiality, and practice status, and you agree to abide by its terms during the term of our professional relationship.

Name of Client (print): _____

Date: _____

Signature of Client: _____

Name of psychiatrist: Alexis Meshi, MD

Date: _____

Signature of Psychiatrist: _____