

# Gulf Coast Psychological Services, PLLC

Serving the Greater Houston Area

713.568.8253

3730 Kirby Dr. Suite 1200 Houston, TX 77098

713.955.4982 Facsimile

11200 Broadway St. Suite 2743 Pearland, TX 77584

## Contract for Services

Name(s): \_\_\_\_\_ (to be considered "I"/"We" below for purposes of this contract)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Best number to reach you: \_\_\_\_\_

## Federal Truth in Lending Disclosure Statement for Professional Services

### **Fees for Professional Services**

I (we) agree to pay Gulf Coast Psychological Services, PLLC. a rate of \$\_\_\_\_\_ for the previously agreed upon evaluation, including, but not limited to, diagnostic interview, testing, scoring, report writing, and completion of appropriate forms.

I (we) reserve the right to discontinue services at any time.

Payment is due at the conclusion of the appointment. There is a 1% per month (12% Annual Percentage Rate) interest charge on all accounts that are not paid within 60 days of the billing date. Payment methods include cash, charge card, or money order. Credit card payments require a 2.5% fee.

Please refer all questions regarding the financial policies to Gulf Coast Psychological Services, PLLC.

I HEREBY CERTIFY that I have read and agree to the conditions.

Person(s) responsible for account:

\_\_\_\_\_

Witness: \_\_\_\_\_

Received: \_\_\_\_\_