

Jennifer Zeisz, Ph.D., P.A.  
Child & Adolescent Clinical Psychology  
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828-777-4422

## Client Financial Agreement

I, \_\_\_\_\_ agree to pay Jennifer Zeisz, Ph.D., P.A. for  
**(Patient or Parent of Minor Child/ Legal Guardian/ Authorized Rep)**  
a comprehensive psychological evaluation in the amount of \_\_\_\_\_, which includes all testing  
procedures, collateral interviews, written report, and feedback sessions. This fee does not include  
communication with legal counsel, GAL or similar or with testifying in court.

- A 50% down payment is due prior to the commencement of the assessment; the full amount will be due upon completion of the final report. Dr. Zeisz will send a secure Intuit Invoice for this purpose.
- I understand that if my credit card company does not accept the charge, I am still responsible for making the payment. I will immediately make the payment to the practice.
- I understand that I may cancel this authorization at any time, but by doing so I acknowledge that the balance owed will be due and payable in full plus credit card refund fees.
- I understand that if my check does not clear, I will immediately make the payment to the practice. I understand that I will be charged an additional \$30.00 for the returned check.

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### Payment by Personal Check

**Payable to:** Jennifer Zeisz, Ph.D., P.A    **Mailing Address:** 7 Ventura Drive, Fairview NC 28730

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### Payment by Pay Pal

**Payment Email Address:** [jenniferzphd@yahoo.com](mailto:jenniferzphd@yahoo.com)

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### Payment by Credit Card

Payment by credit card will be through Intuit; a secure payment platform.

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\*Please sign below to authorize all payments, regardless of method.

Signature \_\_\_\_\_ Date \_\_\_\_\_