

UNIVERSITY of HOUSTON

Psychology Research & Services Center (PRSC)



Client Fee Adjustment Form

Client's Name: _____

Case Number: _____

Income: _____

No. of People in Family: _____

Original Fee Set: _____

New Adjusted Fee: _____

Reason for Adjustment:

Adjustment made by: _____

Client Signature

Date

Approval:

Supervisor Signature

Date

Director's Signature

Date

Note: Modification of this Form requires approval of OGC