

APPENDIX I (A. 2 AND 4)

I, the undersigned,

client's name and place of residence

declare that:

SECTION 1

psychologist's name

whose professional address is:

psychologist's professional address

has claimed from me the sum of _____ for professional services rendered

between _____ and _____ cas evidenced by:

(Check the appropriate box)

- the invoice of which a copy is attached to this form.

- the document of which a copy is attached to this form, showing that the sum was withdrawn or withheld.

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SECTION 2

I am disputing the sum claimed for the following reasons:

but I acknowledge (if applicable) that I owe the sum of _____
for professional services rendered.

SECTION 3

(Check the appropriate box)

- I have not paid this invoice.
- I have paid this invoice in full.
- I have paid this invoice up to the following amount:

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SECTION 4

I hereby apply for conciliation by the syndic, pursuant to Division II of the Regulation respecting the conciliation and arbitration procedure for the accounts of psychologists.

Signed on _____

Date

Client's signature

“4. An application for conciliation must be sent to the syndic on the form prescribed in Schedule I within 45 days from the date on which the client received the account.

Where the payment of the account has been withdrawn or withheld by the psychologist from the funds that he holds or receives for or on behalf of the client, the period runs from the day on which the client becomes aware of the withdrawal or withholding.

An application for conciliation in respect of an account for which no payment, withdrawal or withholding has been carried out may be sent to the syndic after the expiry of 45 days provided that it is sent before the client is served with proceedings concerning the account.”

Please return this form to the following address:

Office of the Syndic
Ordre des psychologues du Québec
1100 Beaumont Avenue, Suite 510
Montréal, Québec H3P 3H5