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YOUR CANCELLATION POLICY AND CONTRACT

RATIONALE: Effective and lasting counseling requires a collaborative relationship. That is, the counselor and the client need to work together in setting and achieving counseling goals. One of the ways that this productive relationship can be damaged is by the nonpayment of fees for counseling services. This policy and contract are designed to safeguard against the possibility of the counseling relationship being damaged.

CANCELLATION POLICY

Cancellation without client being charged the full fee: (1) When you cancel an appointment with at least 24-hours notice allowing rescheduling of that time for another client. (2) When you cancel due to a real emergency, as determined by your counselor, even if you cancel less than 24 hours in advance.

Cancellation with the client being charged the full fee: (1) When you cancel without 24-hours notice and it is NOT an emergency cancellation as qualified by your counselor.

Please note that NO insurance company will pay for cancellations. This means that you alone will be responsible for the full fee when you cancel an appointment without giving either 24-hours notice or providing an acceptable emergency excuse.

FEES: Counseling fees are \$130.00 per 50 minute hour for individual sessions, \$195.00 per 50 minute hour for family sessions, \$195.00 for 70 minute sessions, and \$260.00 per evaluation. Insurance companies often discount these fees and we have agreements with them that allow them to do so. Naturally, the agreements with the insurance companies are NOT made with you as you do NOT and cannot provide what the insurance companies provide.

Fees are to be paid at the time of service. If you have insurance, we will bill your insurance company at no charge to you. However, your co-pay will still be due at the time of service and you will remain responsible for all fees until your insurance company pays such fees on your behalf. Reports are charged at the hourly rate.

Fee payment is the responsibility of the client or their guardian regardless of the client's insurance coverage.

After 30 days from the date of insurance billing, if your insurance has still not paid, then you are responsible for payment. If and when your insurance company pays a fee for a date of service after you have paid that fee for that same date of service, then you will be reimbursed for that same fee for that same date of service.

Even though we verify your insurance and coverage prior to counseling, your insurance company does NOT guarantee payment at that time. Therefore, you will provide a credit card authorization to be used as a security deposit for any and all fees that you incur as a client or parent of a client of A Counseling Center, P.C. If you do NOT have either a credit card or a debit card, then you can make a cash deposit of at least \$130.00. Thank you.

You are now authorizing A Counseling Center, P.C. and-or Kevin E. FitzMaurice, M.S. to make charges to your credit card as needed to recover any and all unpaid counseling fees that you and-or your child have incurred as a client of Kevin E. FitzMaurice, M.S.

Credit Card Type: Visa MasterCard Discover/Novus Security Numbers: _____

Card Number: _____ Expiration Date: _____

Signature of Card Holder: _____

ADDRESS WHERE CREDIT CARD STATEMENT GOES: Most likely your home address.

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I agree to all of the statements and provisions of this policy and contract by signing below:

Parent or Guardian's Signature or N/A Date Signed Relationship to Client of Parent or Legal Guardian or N/A

Client's Signature Date Signed Witness's Signature Date Signed