

# Financial Agreement and Cancellation Policy

Jennifer Brosenitsch, LPC

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

If you pay for counseling using your insurance plan, the charge per session is determined by your insurance company. If you are uncertain about your deductibles, copayments, or other insurance issues, you are responsible for contacting the company directly. Please notify me immediately if your insurance plan changes. If you pay for counseling without using insurance and are paying out-of-pocket, the charge per session is \$60. You are solely responsible for any fees for returned checks.

Please initial next to each statement and sign at the bottom of this page.

I have talked with Jennifer about my responsibility of \$\_\_\_\_ each session.

I am personally responsible for paying the fee in full at the time of each session.

I agree that if my insurance does not reimburse Jennifer Brosenitsch, LPC for services for whatever reason (i.e. deductible not met, insurance cancelled or changed, not medically necessary, etc), I assume responsibility and agree to reimburse Jennifer Brosenitsch for services rendered.

I understand that 24 hours notice is required for all cancellations. If less than 24 hours notice is given, I will be responsible to pay the late cancellation fee. This fee is \$30 and cannot be billed to your insurance company.

If you are more than 15 minutes late, the session will need to be rescheduled, since there would not be enough time to work. If a session is rescheduled due to lateness, the same \$30 fee will apply.

It is possible that counseling will be suspended if you do not make payments in a timely fashion or if you do not comply with treatment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date