



PAYMENT AGREEMENT  
Mike Rehm, MA, LPC  
May 1, 2016

45-50 minute session	\$130
60-75 minute session	\$155
75-90 minute session	\$190
90-110 minute session	\$255
Family Session w/3 or more individuals 75-90 minutes	\$190
Phone/Email Consultation	\$40 per 15 minute increments
Cancelled appt with less than 24 hours notice	75% of fee for time reserved
No show/Missed appointment	100% of fee for time reserved

By completing and signing this Payment Agreement, you are indicating that you understand and agree:

1. To provide valid credit card information with expiration date and CCV # that will be kept on file for the duration of your counseling.
2. That your credit card will be charged if you miss a reserved appointment without cancelling with at least 24 hours notice in compliance with the Informed Consent you previously signed at the start of your counseling with North Pointe Counseling Center.
3. That your credit card will be charged for all phone call and email consultations, other than routine scheduling matters or billing questions.

I understand and agree to comply with this Payment Agreement, effective May 1, 2016. I authorize the use of my credit card for payment of services rendered.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTES (Therapist Use Only):