



PAYMENT AGREEMENT  
Mike Rehm, MA, LPC

45-50 minute session	\$145
75-90 minute session	\$230
90-110 minute session	\$285
Family Session w/3 or more individuals 75-90 minutes	\$345
Phone/Email Consultation	\$45 per 15 minute increment
Canceled 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. **PLEASE NOTE:** Your credit card will be charged if you miss a reserved appointment without canceling with at least 24 hours notice in compliance with the Informed Consent you previously signed at the start of your counseling with Stillwaters Counseling.

I understand and agree to comply with this Payment Agreement, effective July 20, 2023.

I authorize the use of my credit card for payment of services rendered.

Client Name

Date

Signature

NOTES (Therapist Use Only):