# Payment Agreement

Lifetime Marriage, LLC & Professional Counseling Associates, LLC
John D. Michael, Ph.D., L.P.C., Lic #AZ-1775
9332 E. Raintree Drive, Suite 160, Scottsdale, AZ 85254
1830 S. Alma School Rd., #112, Mesa AZ 85210
602-312-7214; 602-926-2461

Please read and completely fill out the form below. Once we have received your completed Payment Agreement, we will contact you to schedule future appointments. Your card information is confidential.

- By completing and signing this Payment Agreement, you are indicating that you understand and agree to provide a valid credit card number, with expiration date, for payment of future therapy sessions, appointments or other fees.
- Your signature indicates you understand that if you do not attend a scheduled appointment your credit card will be charged the regular session fee unless you cancelled your appointment at least 24 hours in advance, business days – Monday through Friday; **for cancellations with less than 24 hours notice, the full session fee will be charged. For missed appointments with no notice given, the full session fee will be charged.**
- Your signature indicates that you understand that you, not an insurance company or other 3rd party payer, will be paying for your sessions, and any missed or late-cancelled appointments.
- Your credit card number will be kept on file throughout treatment and will be charged each time an appointment is completed (if you wish to pay for the session with the credit card). Payments are expected at the time of service or in advance of service. Your signature indicates that if you don't pay by another form of payment at the time of service, your credit card will be charged for the appointment.
- Your signature indicates that you may be charged for other services such as, extended phone calls, consultation on your behalf, and other services rendered on your behalf. These charges will be discussed with you ahead of the services provided.

**Current Fees for Services:**

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| Initial Assessment/Evaluation – 90 minutes | $255.00 |
| Individual Counseling – 45-55 minutes (reg. session) | $170.00 |
| Individual Counseling – 110-120 minutes | $340.00 |
| Marriage Counseling/Family 45-55 minutes | $170.00 |
| Marriage Counseling/Family 90 minutes | $255.00 |
| Marriage Counseling/Family 110-120 | $340.00 |
| Intensive Marriage Counseling (2-day) | $2,800.00 |
| Intensive Marriage Counseling (group 3-day) | $2,500.00 |

**I understand and agree to comply with this Payment Agreement. I authorize use of my credit card information for services rendered.**

Client Name: _____ Sign: _____ Date: _____
Print Name Signature

Day Phone: _____ Cell Phone: _____

Please enter the information exactly as it appears on your credit card statement:

Circle: VISA / MASTERCARD AMEX Card Number: _____

Expiration: _____ Card Verification Number: _____ Billing Zip Code: _____

Address: _____