Office Policies

Client Name: _____ Date: _____ DOB: _____

Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

Cancellations
We require a 24-hour notice for cancellation of an appointment. If given less than 24-hour notice, please advise the following. The first late cancel is 35% of the appointment cost, the second late cancel is 60%, and the third late cancel is 100% of the appointment cost. Patients are not charged their travel fee(s) for late cancels. Payment is then due before your next appointment(s) if you have late canceled twice.

Tardiness
Appointment times are as scheduled and cannot extend beyond the stated time.
Regarding out-calls, the practitioner should arrive 10-15 minutes early. If you are not home, unprepared or not ready for your session, time will be taken out of your appointment to accommodate the practitioner's, and other patients', schedules.
No time is taken from your session if the practitioner is late.

Sickness
Massage/bodywork is ***not*** appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of any sickness. If it is within the 24-hour notice period, we may waive the cancellation fee.

Missed Appointments: No Call/No Show
If you miss your appointment, or when the practitioner comes to your home, and you cannot receive them, 50% of the appointment cost is due for the first offense. After that, you are responsible for 100% of the appointment cost and the travel fees associated with your appointment. Payment is due before all session(s) in the future.

If this office is providing billing services, please be advised of our billing policies.

Cancellation/Missed Appointments
We do not bill insurance companies for missed appointments or late cancellations. You are responsible for paying the forfeited appointment/late cancellation fees as stated above. See above in *Cancellation* and *Missed Appointments: No Call/No Show* sections for more details.

Financial Responsibility
Once we verify your insurance, we will bill and accept payment from your insurance company for covered services. If the insurance company denies payment or makes a partial payment, you are responsible for the balance, deductibles, and co-pays. Your signature below confirms your financial responsibility for all services regardless of insurance reimbursement.

Assignment of Benefits
Your signature below authorizes and directs payment of medical benefits to the massage/bodywork practitioner for services provided by this office.

Medical Records Release

Your signature below authorizes the release of all of your medical records on file in this office, to process your claims, to the following: your attorney, the healthcare providers attending to this condition, and the insurance case managers. Editing medical records are prohibited unless otherwise stated in an exclusive release of medical records signed through your attorney.

Signature: _____ Date: _____