

Confidential Health Form

Please Print Clearly

Please read and initial to confirm that you understand and accept the following conditions.

_____ Please be aware that your medical insurance is a contract between you and the insurance company, and I am not a party to that contract. AS such, it is your responsibility to verify what Massage Therapy treatment benefits you are entitled to receive and what restrictions apply.

_____ **All N.S.F. (returned) checks will be charged a \$50.00 fee.**

_____ I hereby authorize the release of medical information necessary to process my insurance claim to my attorneys, healthcare providers and insurance managers. This may include intake forms, chart notes, reports, correspondences, billing statements and any other information.

_____ I hereby authorize the insurance company or attorney to remit payment directly to this office.

_____ I understand the benefits and risk of massage and give my consent for massage. I will consult my practitioner with any questions or concerns immediately.

_____ I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes.

_____ **Cancellation/Missed Appointment Policy:**

I agree to provided twenty-four (24) hour cancellation notice If I fail to do so, I agree to pay \$60.00 cancellation fee. (Please note that insurance companies do not pay this, you do).

- First offense - letter with reminder;
- Second offense - letter with fee charge;
- Third offense - letter, and all remaining appointments will be cancelled, account balance must be paid in full before additional appointments are scheduled.

Missing an appointment or not cancelling in a timely manner, represents a missed opportunity to my other clients and a loss of income for me.

_____ **Patient Responsibility:**

I agree, I am ultimately responsible for **all** services rendered whether or not my insurance company deems those services necessary, usual or customary, or **denies payment for any reason**. If further action is required to gain funds, I agree to pay **all** additional expenses necessary, including, but not limited to Lien fees, collection fees, release fees and copy fees.

Signature

Date
