

Seattle:
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Transitions Bodywork
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The Fine Print (please read, initial, and sign)

I certify that the above information is complete and accurate, and will notify my practitioner of any changes in my medical condition. I understand that my practitioner does not diagnose illness, disease, or any other physical or mental disorder and that this work is not a substitute for medical care.

I agree to the release of any medical information my insurer may need in order to process payment.

A massage therapy prescription, due at first session, is similar to a pharmacy prescription. It requires a diagnosis code, and must be signed by a qualified healthcare practitioner on your insurance plan.

*I understand that it is my responsibility to know my coverage limits and benefits and that certain services may not be covered by my insurance under the terms of my policy. I understand that I am responsible for all bills incurred at this office, and agree to make financial arrangements with my practitioner to pay for any services not covered by my insurance policy (including co-pays, co-insurance, and deductibles).

Initial _____

In respect for the value of professional and personal time, I understand that the following policies are my financial responsibility, not that of the insurance company:

Late Cancellations: \$35.00 fee for canceling or rescheduling less than 12 hours before your appointment.

No Shows: Will be charged for one session. Cancellations made within 2 hours of your appointment will be considered a no show.

I have read the statements above, and accept the responsibilities as stated.

Signature: _____ **Date:** ____/____/____

****Please avoid:** Wearing any perfumes, scented products such as deodorants, lotions, hair products, etc. I reserve the right to cancel and charged for a session if you arrive wearing scents. Thank you!