

— ADVANCED —

MEDICAL MASSAGE



360.527.9566 | fax 360.527.8534 • 1112 Finnegan Way, Bellingham, WA 98225 • www.mmWellness.com

Patient Waiver - NAME _____

All patients are responsible for providing a current (written within 6 months) referral or prescription from an authorized provider before their massage appointment.

If your insurance company denies payment because they have no current referral/prescription on file, the patient (you) are responsible for the charges in full to Advanced Medical Massage.

All patients are responsible for providing a current health insurance card before their massage appointment. We cannot bill your insurance company without having a copy of your health insurance card.

All patients will be billed for their appointment if an insurance card is not received by the office within 2 weeks of their scheduled appointment time.

I have read the above and been informed that I may be responsible for the payment in full for today's appointment.

Signature _____

Date _____

— Whiplash Injury Specialists —

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