



1281 South King Street
Honolulu, Hawaii 96814
808-593-8866

Treatment Plan and Financial Responsibility Agreement for American Specialty Health Participants (ASH)

Services administered by American Specialty Health are an OPTION on my medical insurance plan and is subject to the rules applicable by both the Health Care Provider as well as A.S.H. policy. Eligibility for Services under A.S.H. must be verified before treatments can be given and this can take several business days to complete.

I understand that Medical Therapeutic Massage is an Alternative and Complimentary Medical Treatment that is directed by my personal Physician. Any information exchanged during a Massage or Bodywork session is confidential and is only used ensure that Continuous Quality Care is provided to me during my Treatment Plan.

I agree to follow the recommendations of my Physician during the entire Treatment Plan and to communicate responsibly with my Care Providers.

Appointment Cancellation Policy:

If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance. If I miss a scheduled appointment without giving 24 notice, I agree pay any missed appointment charge that may be applicable.

Financial Responsibility Agreement:

Hawaii Natural Therapy Clinic will make the very best effort to work with American Specialty Health and or my Claims Adjuster so that Services appropriate to this Claim are promptly paid by the Health Care Provider or Insurance Company responsible for this Claim.

I certify that I am aware that I am personally responsible to pay for any Services provided under this Insurance Claim that are denied (not paid for) by the Insurance Company.

Name: (signature) _____

Date: _____

Printed Name: _____