



MASSAGE DOCTOR PLLC
Dr. Abdul Karim Taifour, LMT
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 P.O. Box 27612, Seattle WA 98165
www.massagedoctor.com

**INTAKE
 HEALTH INFO
 & CONSENT
 PACKET**

Client Information

Name _____ How did you hear about us? _____
first middle initial last

Address _____
street address apt # city state zip code

E-mail _____ Date of birth _____
month day year

Phone _____ Cell/other _____ Text message? OK no

Emergency contact _____ Phone(s) _____

REQUIRED: Provide copies of your driver's license or photo identification, referral/prescription, any insurance card.

Massage and Medical History

Have you received professional massage before? No Yes – date of last session / frequency _____

Reasons for seeking massage: _____

Prioritize body areas for focus: _____

Health conditions, injuries, medications: _____

Occupation (affected by condition?) _____

Exercise/activities (affected by condition?) _____

Are you receiving treatment today due to an accident or injury? No – if yes, provide the following:

Date of injury _____ / _____ / _____ Where _____ Unable to work? _____ / _____ / _____ to _____ / _____ / _____
month day year state specific dates (month / day / year)

Employment related: L&I claim number _____ Employer _____

Auto accident: Insurance company _____ Primary policyholder _____

Claim number _____ Policy number _____

Representative/adjuster _____ Phone _____ Fax _____

Third-party / personal injury: Insurance / payor _____ Claim number _____

Attorney/contact _____ Phone _____ Fax _____

**** IF approved in advance, insurance billing information ** See insurance policies, following**

Insurance ID number _____ Policy/Group/FECA number _____

Insurance plan name _____ Employer or school name _____

Marital status: single married other Employment status: employed full-time student part-time student

Are you the primary insured on the policy? Yes – If not, please provide the following for the primary insured:

Name _____ Date of birth _____
first middle initial last month day year

Address _____

Read our practice and financial policies on the following pages and sign the informed consent for treatment.

Massage Doctor – Practice Policies

RULE of 24. In effort to provide all of our clients with outstanding service, 24 hours notice is required for all cancellation notices and rescheduling requests. Please respect our time and our other clients' requests by providing us with 24 HOURS NOTICE.

* **If you do not show** for a scheduled appointment, without notifying us, you are charged the scheduled service's full fee.

* **If you cancel with less than 24 hours notice**, you are charged half the fee of the scheduled service.

* **If you are more than 15 minutes late** for the scheduled time, you may be required to reschedule and pay the half-fee. *We reserve the right to treat each situation on a case-by-case basis.*

Clinic Operations. Before scheduling your appointment, Massage Doctor will provide you with comprehensive clinic operating policies and procedures, including the check-in screening process. This is also available on our website at <http://www.massagedoctor.com/ClinicPolicies.pdf>.

HIPAA-Compliant Operations. Your privacy and personal information will be protected in compliance with federal law under the Health Insurance Portability and Accountability Act of 1996. Our full privacy policy is available on our website at <http://www.massagedoctor.com/HIPAApolicy.pdf>

Practice Communication. You will receive education and announcements about the practice via mail and/or email. Your personal information is never shared (nor sold) to third parties, in compliance with HIPAA.

By signing on the following page, you confirm your agreement to these and any separately-provided clinic policies.

Financial policies

Payments. Please pay online before your session if at all possible. Invoices are due within 30 days of receipt. Emails notifying you of your balance are in effect invoices, and payments are due within 30 days of receipt. Unpaid balances after 60 days will incur a late payment / rebilling fee of \$10 per month. Accounts in arrears will be sent to a collection agency. Returned checks will be subject to the maximum fee allowed by law. Detailed statements for third-party reimbursement (e.g., flexible spending account) are available upon request.

By signing on the following page, you acknowledge and accept your financial responsibility for services.

Insurance billing policies

Advance approval of insurance billing is required – discuss with Massage Doctor before your first visit. We accept Kaiser, Premera, Regence, workers compensation/L&I, and personal injury cases.

YOU are responsible for verifying your insurance benefits/coverage. Be sure to clarify eligibility, coverage, requirements for referrals or prescriptions, and any limitations prior to your first session. Sometimes insurance companies will authorize treatment, and then later deny payment – we have no control over their decisions. Insurance cannot be billed for missed appointments or late cancellations.

Secondary carriers. If you have two insurance policies, we will bill the primary policy and give you a copy of the billing form for you to follow up with the secondary policy. Medicare does not cover massage therapy.

Your portion. Your insurance company requires that you pay the copayment, coinsurance, and/or deductible as noted by your insurer on the EOB (explanation of benefits) that you and your provider both receive from your insurer. We cannot waive these charges, as that would be insurance fraud and is against the law.

Denial/non-payment. If your insurance company denies payment or makes partial payment, you are responsible for the balance. We reserve the right to not wait more than 90 days for insurance payment after billing. Should payment be delayed or denied, we will invoice you via mail/email; payment is due upon receipt.

By signing on the following page, you authorize billing and communications with your insurance or payor and acknowledge your financial responsibility for all charges, regardless of insurance coverage or claims determination.

Massage Doctor – Informed Consent for Treatment

Your Choice for Healthy Treatment. It is your choice to receive massage therapy treatment for your well-being. All care and appropriate precautions will be taken to provide the best treatment possible based on training and Washington State laws and regulations; however, results of any therapy performed are not guaranteed. Though massage therapy is generally safe, it could have potential complications in certain cases or conditions. Therefore, it is important that you keep your therapist fully informed of your medical history and medications, and also discuss with your primary care physician about receiving massage.

Scope of Practice. You are agreeing to receive treatment massage from a state licensed massage therapist. Massage therapists do not diagnose illness, disease, or any physical or mental disorder; nor prescribe medical treatment or pharmaceuticals; nor perform spinal thrust manipulations. Massage therapy is not a substitute for medical examination or diagnosis. A recommendation from a health care provider may be necessary in order to receive services. Massage therapists can refuse to provide services that may be unsafe. **Massage therapy is a professional, clinical health service – any actions that may be construed as sexual advances or unsafe behavior will be reported to the appropriate authorities.**

Licensure and Training. Your practitioner is a Licensed Massage Therapist (LMT), licensed by the State of Washington Department of Health and Nationally Certified by the NCBTMB, with over 1500 hours in Massage and Bodywork Education and 24+ hours in Continuing Education every two years. Techniques and modalities used may include: Swedish massage, deep tissue therapy, hydrotherapy (use of water, heat, hot or cold stones or compresses), aromatherapy, lymphatic drainage, acupressure, trigger point therapy, myofascial release technique, neuromuscular technique, peripheral joint mobilization, reflexology, passive/supportive mobilization, shiatsu, guided meditation, breathwork, energy work, stretching, and remedial exercise. Massage Doctor also maintains comprehensive malpractice insurance and state and city business licensing.

Questions. Your therapist will answer any questions you have as fully as possible, and it is important that you communicate any time you feel your well-being is compromised or if you feel any discomfort or pain. We are always open to suggestions and wish to resolve any concerns or issues that may arise. Every effort will be made to provide you with the highest quality service.

By signing below, you agree to not hold your practitioner or Massage Doctor PLLC personally liable for legal or financial issues or situations that arise with your practitioner.

Confirmation of Informed Consent and Agreement to Clinic Policies

My signature below confirms that:

- I have been informed about and am consenting for massage therapy treatment;
- I have stated all the medical conditions that I am aware of and will share any change in my health status;
- I understand and agree to the cancellation policy, clinic operating policies, and payment expectations;
- I am giving permission to communicate with my referring or primary care provider and/or insurance/payor;
- I authorize and direct payment of medical benefits to Massage Doctor for services provided by this office;
- I accept full financial responsibility for all services provided, including fees and regardless of insurance; and
- This consent form is valid for today and all subsequent sessions, unless revoked in writing by me.

Client signature _____

Date signed _____ / _____ / _____

Print full name _____

DATE OF BIRTH _____ / _____ / _____
month day year