## **Important Office Policies**

We are pleased to have the opportunity to assist in your healthcare. Our primary responsibility is to help our clients experience good health and we wish to spend our time and energy to that end. The purpose of this policy is to clarify the following points. Please contact our staff if you have any questions.

**Your First Visit:** On your first visit, your LMT will use the information you provided on your health intake form to evaluate for treatment. Your initial evaluation on your first visit will be part of your massage treatment session. Thereafter, your evaluations will be minimal time if necessary at all.

**Medical Insurance Clients -- Following your Treatment Plan:** It is important to keep your treatment plan as noted on your Medical Massage Referral. Your Doctor has referred you for Massage Therapy because he/she believes massage will benefit you. If you do not follow your treatment plan as designated by your Doctor and LMT, your insurance may deem your treatment NOT medically necessary thereby denying payment.

**Payment for services:** It's been our experience that people get well faster if they have a "Pay as you go" relationship with us. That way, they don't have to worry about their doctor bills building up. Full payment of all Copays and deductibles are therefore expected at the time of service.

**Credit:** For your convenience we accept payment by Mastercard, Visa, Discover Card and American Express.

**Insurance:** Billing insurance is a courtesy to you. By signing this form you are agreeing that your treatment is your financial responsibility. Any co-pay, deductible or non-covered service will be due at time of service. If we receive a denial from your insurance company you will be billed, balance due upon receipt. **Initial**\_\_\_\_\_

**Secondary Insurance:** Secondary Insurances are billed as a courtesy to you. If they do not respond in a timely manner you will be responsible for the balance. **Initial**\_\_\_\_\_

**NSF Checks:** Checks returned from the bank for non-sufficient funds will be charged \$25 each time.

**Refunds, Credits or Exchange Policy:** Except for replacing damaged products, we do not offer refunds on any product or service we provide and/or sell. This includes gift certificates, package purchases, memberships, co-pays and deductibles. We do refund insurance and/or client overpayments.

I, the undersigned, have read, understand and accept the information contained in this document. I accept the above office policy \_\_\_\_\_\_ Date:\_\_\_\_\_