MASSAGE THERAPY BILLING POLICY FOR:

Advanced Medical Massage NW

450 Port Orchard Blvd, Suite 390

Port Orchard, WA 98366

Office: 360-440-8060

Fax: 360-602-0895

ammnw@yahoo.com

As a courtesy to patients, AMMNW is happy to verify insurance coverage and submit an invoice for massage services rendered to the insurance carrier. However, verification of benefits and submitting insurance claims are not a guarantee of payment. At the time of billing, a final determination of payment for claims will be made. If payment or partial payment is denied, it will be the patient’s responsibility to pay the charges in full at that time.

I hereby authorize the providers of Advanced Medical Massage NW to release any necessary information required to process insurance claims. I understand that I am responsible for payment of my account balance as my insurance policy is a contract between myself and my insurance company, rather than between my practitioner and my insurance company.

I am also aware of and agree to honor the “no show” policy by paying in full (ie.$65.00 for a one hour massage appointment, $95 for a 1.5 hour massage appointment, plus a $15 billing fee per month and 3% interest per month for any outstanding balance due) for any missed or cancelled appointments with less than a 24-hour notice given to AMMNW. Emergency circumstances will be considered individually.

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*Patient signature Patient printed name*

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*Social security number Date*