



## **Office Policy**

I, the patient, understand that my practitioner is not a doctor. She/ he does not diagnose, prescribe or practice medicine of any kind.

I understand that the use of alcohol and/or drugs is incompatible to the healing process of massage/body work and are grounds for refusal or termination of a session.

I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I authorize the release of any medical or other information necessary to process my claim or to aid communication between health professionals, and I authorize payment of medical benefits directly to Gary L Wass. I understand that my billing records may be disclosed to another party such as a guarantor or employer if they are responsible for the payment of your services.

I have received and read the privacy procedures notice provided along with this notice. My name, address, phone number, and health care records may be used to contact me regarding appointment reminders, to request information, or other health related information that may be of interest to me.

If I am not at home to receive a call, Gary Wass may leave a message on my answering machine or with the person who answers the telephone unless told otherwise. A written statement is preferable.

My name, address, phone number, social security number, and personal account Information may be used to collect on any outstanding accounts.

I am responsible to provide you with any change of information such as: Insurance information, change in address or phone number, or any other information that will affect you. If I do not advise you of these changes and you cannot reach me, I will still be responsible and the balance due may be sent to collections.



## **Payments**

Cash, checks, and Visa/MasterCard are accepted payment unless other arrangements have been made prior to the session. All payments required by me such as a co-pay, or full payment of services for cash patients will be paid at the time of service.

A finance fee of 2% with a \$5.00 minimum will appear on any account 30 days past due.

Gary Wass will bill my insurance company if applicable. Statement of benefits, however, does not guarantee payment. I understand that I will be financially responsible for all denied claims or claims not paid by my insurance company for any reason.

I agree to update Gary Wass on all personal changes that will affect billing my insurance. (i.e. change of insurance, address, and phone etcetera) In the instance of an over payment by me, Gary Wass will send reimbursement through the mail or apply the credit to outstanding balances due on your account.

## **Appointments**

My appointment time is reserved for me. If I find it necessary to reschedule an appointment, a minimum of 24 hours notice is required. For appointments cancelled or missed with less than the minimum notice it will be necessary to charge \$40 fee. If I am a medical massage patient, I understand that I will be billed for any missed appointment, not my insurance company. If I am late for my appointment, my session will not be extended.

We reserve the right to change our policies at any time