

# Back n' Balance Massage & Functional Training



Natasha Roberson, ATC, LMT

1995 N. Cedar Street, Suite #3

Holt, MI 48842

Phone #: 517-410-8340

Fax #: 517-699-3610

## OFFICE, FINANCIAL AND CANCELLATION POLICIES

Thank you for choosing our office to meet your Massage Therapy healthcare needs. It is our optimal goal to provide you and your family with the highest quality of massage therapy care, while maintaining a friendly and relaxing environment. In order to keep our standard of care at a level which best serves your massage therapy needs, we ask you to please observe the following guidelines.

### **Office and Financial Policies**

- We require you to pay at the time we provide service to you. If your insurance covers massage therapy we require you to pay any remaining deductible and the co-payment, which is the amount not covered by your insurance company, at the time we provide service to you. For your convenience, we accept cash, check, Visa, Mastercard, American Express and Discover.
- We cannot emphasize too strongly that the extent of your insurance benefits is a contract between you, your employer and your insurance company. We are not a party to that contract. We had no input into any of the decision-making. As your Massage Therapy healthcare provider, our relationship is only with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our clients, all charges are your responsibility from the date that the services were rendered. We will help you by processing your insurance claim form and sending it in promptly, however, we highly recommend that you know your specific Massage Therapy benefits before your care begins by calling your insurance company, as you are ultimately responsible for any of the monies not covered by your insurance.

### **Cancellation Policy**

- The office requires a minimum of 24 hours notice if an appointment must be rescheduled. If less than 24 hours notice has been given a \$10 fee will be assessed. In the event that no notice is given and the client does not show up for their appointment, then you will be required to pay the full cost of the treatment as booked.

**I accept full financial responsibility for expenses incurred at Volz Massage Therapy, Natasha Roberson, ATC, LMT.**

**I accept full financial responsibility for failures on my part to provide or know my insurance benefits information at the time services are rendered.**

**I have read and understand the above conditions.**

---

Signature of Responsible Party

---

Date