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## **POLICIES AND PROCEDURES**

### **Insurance Policies and Procedures:**

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It is your responsibility to be aware of your insurance coverage and benefit information. To verify benefits and obtain any information regarding your insurance coverage, call the member customer service number on the back of your card.

If we do not have your insurance information, we cannot bill your insurance and you will be required to pay for the visit at the time of service. If after the visit we receive your insurance information, we will refund the amount you previously paid when payment is received from your insurance company.

If you wish us to bill your insurance company and you do not have your massage referral; you will be required to pay for the visit at the time of service. Most insurance companies will not pay for the session without a massage referral. If you do obtain a prescription after your massage appointment and it is backdated to the date of service, we will process your claim. We will refund your payment after your insurance company has paid for your visit.

It is your responsibility to be aware of your benefit maximums. If your therapy exceeds the annual maximum established by your insurance carrier, the balance not paid by your insurance becomes your responsibility.

### **Outstanding Balances:**

Initial \_\_\_\_\_

Balances not covered by your insurance are due within 45 days of the initial billing, unless other arrangements have been made with us. You are responsible for the payment of your balance in a timely fashion regardless of discrepancies and /or disputes with your insurance carrier.

The parent /guardian who registers a minor is ultimately responsible for the payment of the charges incurred at this facility regardless of circumstances.

Unless payment arrangements have been made, delinquent accounts (90 days past initial billing date) will be referred to an independent collection agency or small claims court. You will assume the full responsibility for collection costs; including any attorney and /or court fees.

If you have not provided your insurance company with an incident report or information required for your claim to be paid; have any delinquent outstanding balances including: outstanding co-payments, unpaid insurance balances, no-show or late fees, treatment will be suspended until outstanding balances are paid.

### **Cancellation Policy:**

Initial \_\_\_\_\_

It is the policy of Arlington Massage Therapy & Wellness, PLLC to require a 24-hour notice on all appointment cancellations. If a 24-hour cancellation notice is not given prior to your appointment time, a \$30.00 "no-show" fee may be applied to your account at the discretion of Arlington Massage Therapy and Wellness, PLLC. After 3 "no-show" appointments the client will be put on a same-day appointed schedule only. We reserve the right to refuse service to anyone.

### **Late Arrival Policy:**

Initial \_\_\_\_\_

If you arrive to your appointment late, it may be cut short or rescheduled due to insufficient time to treat.

**The undersigned agrees that in consideration of services rendered he/she assumes responsibility for this account under the terms and conditions listed above.**

**I have read and understand the above policies and procedures.**

Signature \_\_\_\_\_ Date \_\_\_\_\_