

	<p>BodySoulHealing Verena Giebels, LMT, CCSP, MEd Therapeutic Massage, Cranio-Sacral Therapy & Family Constellations Phone: 360.421.6296 www.bodysoulhealing.abmp.com 1330 S 2nd St, St 103, Mt Vernon WA, 98273</p>
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Policy for Billing, Release of Medical Records and Cancellation

Billing: We will be happy to bill certain insurance companies as a courtesy for any covered benefits or provide you with the paperwork needed to be reimbursed by your insurance. We ask you to contact your insurance company to determine if massage therapy is covered under your specific plan and to ask about your benefits before your first visit.

Co-pay and self-pay treatment charges are due the same day of service. We accept cash, checks and credit cards.

It is your responsibility to pay for all services provided. In the event that your insurance company denies payment or makes a partial payment, you agree to be and remain responsible for the balance.

Release of Medical Records: Your signature below authorizes the release of your medical records including intake forms, chart notes, reports and billing statements to your health care providers, insurance case managers, and attorneys, for the purpose of processing your claims. (You will inform your practitioner immediately upon signing any exclusive Release of Medical Records with your attorney.)

Cancellation: We strictly enforce a 24-hour cancellation notice policy, as we are unable to schedule another patient in your spot without sufficient notice. If you cancel inside the 24 hour notice we will make every effort to fill your spot and you will not be charged, but if we are unable to do so, you will be personally billed a \$30 fee. We understand that a sudden illness, emergency or inclement weather can occasionally occur and we will accept your cancellation with no fee charged. Please keep in mind, if your massage is scheduled during your work day, a business conflict is not considered an emergency. **Please cancel by phone only**, if your appointment is within 24 hours. If you do not call and simply miss your appointment, the full fee will be automatically charged.

By signing below, I agree and acknowledge BodySoulHealing policy in its entirety.

Signature _____ Date _____

Thank you for your kind understanding and cooperation!