

Essence of Health PLLC

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www.essenceofhealthmt.com

Office Policies

Cancellations must be made 24 hours in advance of the scheduled appointment time. If cancellations are not made within 24 hours a payment of \$60.00 may be charged to your account. This charge will be waived if a replacement can be found for your appointment. Your insurance company will not be charged for your missed appointment you will be responsible for payment out-of-pocket.

Right of Refusal We reserve the right to refuse service to anyone. This includes but is not limited to anyone who requests treatment or services that are outside the scope of practice. We will exercise this right if anyone arrives for treatment under the influence of alcohol or recreational drugs. Also, any illicit or sexually suggestive remarks or advances made by you will result in immediate termination of the session, and you will be liable for payment of scheduled appointment in full.

Consent for Care

I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session should be construed as such. It is my choice to receive massage therapy, and I give my consent to receive treatment. I have reported all health conditions that I am aware of and will inform my practitioner of any changes. I will participate fully as an active member of my health care team. I will inform my provider at any time I feel my well-being is threatened or compromised and I expect my provider to deliver safe and effective treatment.

Assignment of Benefits (Only Applicable for those billing Insurance for their care)

My signature below authorizes and directs payment of medical benefits for services billed to my health care provider.

Payment for Services is expected at the time of service.

We will bill your insurance company directly for those who qualify. You must verify your insurance benefits with your insurance carrier prior to service as you are liable for any charges they do not cover due to lack of benefit or specific denial made by them. Please remember that insurance billing is a courtesy and done with every possible effort to save you in fees, please notify us immediately if your information changes.

Cash, Check, or Credit Card (Visa, MasterCard, or American Express)

*A discount will be given to all those paying at the time of service.

*Monthly accounts may be pre-arranged by discussing with your therapist.

Release of Medical Records

My signature below authorizes the release of my medical records including intake forms, chart notes, reports and billing statements to my attorneys, health care providers, and insurance case managers, for the purpose, of processing my claims. I will inform my therapist immediately upon signing any exclusive Release of Medical Records with my attorney. Please note there are times when your Therapist may need to contact your Healthcare Provider to discuss your condition and treatment options.