Massage Policies and procedures

Thank you for choosing Mukilteo Chiropractic Clinic for your health and wellness care!

We strongly believe that your time is valuable, as is ours, and we make every attempt to be ready for your appointment at the scheduled time. In our commitment to provide a unique and outstanding experience to all of our patients, and out of consideration for our therapists' time, we have adopted the following policies:

INSURANCE:
Do you have insurance coverage for massage therapy? We are contracted with most major insurance plans. As a courtesy to you, we can bill massage services to your insurance. To do so, please provide us with your insurance information or a copy of your insurance card. Be aware that it is your responsibility to track your massage therapy benefits and limits. Have any questions? Feel free to ask us, we are happy to help!

FINANCIAL RESPONSIBILITY:
You, the patient are ultimately responsible for all charges associated with your medical care regardless of insurance coverage. Patient balance and copayments are due at time of service. If your insurance plan requires a referral for treatment, it is your responsibility to ensure a referral is on file and current. If there is no referral on file, you may be responsible for the total amount of service provided.

CANCELLATION POLICY:
Please provide at least 24 hours notice if you need to reschedule or cancel a treatment. This gives us enough time to fill the appointment with another patient. If a patient fails to cancel before 24 hours, there will be a charge of $30 that must be paid by the patient before their next scheduled appointment. This fee cannot be paid by any insurance carrier. We strictly adhere to our cancellation policy out of respect to our other patients.

NO SHOW POLICY:
If a patient is absent from their appointment, our therapist will attempt to contact them. After 15 minutes the appointment will be considered a "no show" and the patient will be charged $30. If a patient has repeatedly missed their appointments, they will be asked to pre-pay for all future care.

LATE ARRIVAL POLICY:
Because we value your health and wellness, please arrive at least 5 minutes early so that you will receive the full benefit of your scheduled appointment. We understand that sometimes unexpected circumstances may interfere with your appointment. Please do not hesitate to call if you are going to be late. If late arrival is inevitable, your service may be shortened in order to keep on schedule. The full service charge may still apply.

By signing this form, I acknowledge that I understand the policies outlined above. In addition, my signature permits MCC to file claims to my insurance (if applicable). I also understand and accept financial responsibility for all services and fees rendered regardless of insurance coverage.

Signature:_____ Date:_____

MUKILTEO CHIROPRACTIC CLINIC PLLC
8004 Mukilteo Speedway, Suite1 · Mukilteo, WA 98275

HIPAA NOTICE/INSURANCE ASSIGNMENT/RELEASE & AGREEMENT

I have received and reviewed HIPAA related privacy information. I authorize my insurance benefits to be paid directly to Dr Kreutz and/or Mukilteo Chiropractic Clinic (MCC). I authorize MCC to release any information required to process my insurance claims. This authorization is in effect until my account is paid in full. I understand I am ultimately responsible for services rendered, regardless of my insurance benefits, which have been explained to me. In the event my treatment is the result of a motor vehicle accident or worker's compensation claim, MCC may discuss or release information to my attorney or claims manager or their representatives.

Patient: _____ Signature: _____ Date: _____

Name of Parent/Legal Representative (If applicable): _____
Parent/Representative Signature : _____Date: _____

If this is due to an injury please fill out below:

Please check one: Auto Injury:_____ On the job Injury:_____

Claim Number:_____ Date of Injury:_____

Claim Adjuster:_____ Phone Number:_____

Insurance Name: _____

Billing Address: _____

Supervisor's Name: _____ Supervisor's Phone Number:__ _____

Describe how your injury occurred:
_____
_____
_____
_____