



A Sensitive Touch Professional Massage Therapy
Financial Policy Form

Today's Date: _____

Client Name: _____

Claim #: _____

Type of accident: Auto WorkComp Date of Injury: _____

Address where to send bill: _____

Claim adjustor: _____

Phone #: _____

Name of Insured: _____ DOB: _____

FINANCIAL POLICY AGREEMENT
Massage Therapy Charge Insurance Submission

This agreement is made between the above named client (herein referred to as CLIENT) and A Sensitive Touch (herein referred to as AST).

In regards to billing CLIENT's insurance company related to approved massage therapy for a personal injury claim, AST agrees to:

- submit copies of bills to CLIENT's insurance company on a timely basis (current billed rate is \$21.25 per 15 minute increment)
- submit copies of SOAP notes to CLIENT's insurance company
- submit copies of professional credentials to CLIENT's insurance company, should they be requested
- submit a letter of update to CLIENT's primary physician at the end of each prescribed session
- provide CLIENT with copies of billing statements

In regards to billing CLIENT's insurance company related to approved massage therapy for a personal injury claim, CLIENT agrees to:

- successfully keep all scheduled appointments
- give 24 hour notice should the appointment need to be changed
- pay AST any billed charge not paid for by CLIENT's insurance company

Should CLIENT's insurance company discontinue benefits prior to CLIENT's full recovery, AND if CLIENT has a valid prescription for massage therapy on file, CLIENT agrees to:

- make payment in full for any sessions received after benefits have been discontinued. Same Day Pay Discounts will apply to only to sessions paid the same day as service. Payment plan arrangements may be made under agreement in writing by both parties.

The two parties agree to the terms listed above. A copy will be provided for both parties.

CLIENT

A SENSITIVE TOUCH