

Client Financial Policy

Private Insurance

We will gladly bill your primary insurance company for you. However, we expect payment of services within 60 days from primary insurance company. It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days.

Insurance co-payments are due at the time of service. You have an obligation to pay the charges that are not covered by your insurance company. Please verify insurance benefits prior to any treatment and provide us with your current information. It is your responsibility to understand your coverage and benefits to be sure all insurance information is current.

_____ Initials

Not all services are a covered benefit in insurance contracts. Some insurance companies select certain services they will not cover. While the filing of insurance claims is a courtesy that we extend to clients, all charges are your responsibility from the date services are rendered.

_____ Initials

As Licensed Massage Therapists in the state of Alaska, we are eligible to bill private insurance directly for services. We do NOT bill Medicare or Medicaid.

_____ Initials

Payment arrangements must be made on accounts with a balance of 150.00 or more. Consecutive monthly payments are expected on your account. This will avoid your account being reviewed for collections. If payment is not made on three consecutive months your account will be reviewed for collections. Returned checks will result in a 25.00 NSF fee that will be posted to your account.

I have read and understand the above financial policy. I hereby assign all medical benefits to which I am entitled to LifeTouch Massage and Wellness, Ltd. I photocopy of this authorization is to be considered as the original. I understand that I am financially responsible for all charges, whether or not paid by insurance. I hereby authorize LifeTouch Massage and Wellness, Ltd to release information officially acquired in the course of treatment to secure payment. I understand that in connection with collection procedures that LifeTouch Massage and Wellness, Ltd has the right to request, receive and review all credit information as provided by a licensed and duly operated credit bureau.

Signature of Client: _____

Printed Name: _____

Date: _____