

Client Acceptance of Fees & Policies

_____ I have been presented with a copy of the Patient Understanding of Medical Fees: Wellness Massage vs. Medical Massage Services. I understand the fees associated with the type of massage that I am receiving and I agree to be responsible for those charges.

_____ I understand that payment is due at the time of service. If I am unable to pay at the time of service, a \$10 late fee will be applied to my account and the account balance in full must be paid prior to the start of my next appointment. Payment is accepted in the form of cash, check, credit/debit card, or gift certificate. Gift certificates without an authorization number are not considered valid forms of payment.

_____ Account balances must be paid within 30 days of receipt of services. Any unpaid balances not currently being billed for insurance will be considered delinquent after 30 days. Upon delinquency, interest shall accrue monthly at one percent (1%) of the current outstanding balance from the date of services billed until paid; and minimum monthly payments of \$15 or five percent (5%) of your current outstanding balance, whichever is greater, must be paid by you on or before the 15th of every month, until paid in full. If your minimum monthly account payment is not received within 30 days of delinquency, additional monthly late fees and necessary administrative fees* may accrue as well. Your account may be (1) transferred to a personal line of credit (credit card), (2) transferred to financial assistance services for qualified clients, or (3) sold to outside financing for collection. All delinquent accounts are subject to adverse credit reporting.

_____ Statements for requested items must be paid in full prior to relinquishment.

_____ Any balance unpaid by your insurance is your personal responsibility (regardless of coverage promises), including any No-shows charges, late fees, accrued interest and other administrative fees*.

_____ I understand that my scheduled appointments are reserved exclusively for me. I agree to call my therapist as soon as I know I cannot keep an appointment. All missed appointments, and cancellations made after 5pm the business day preceding any scheduled appointment, will be billed at \$25 per half hour for the time reserved. I agree to be responsible for these charges, and payment in full must be made prior to the start of my next appointment. If I miss two appointments without notice, my treatment will be terminated and I will pay full price for my missed appointments.

_____ Superior Massage LLC will give you, in writing, a schedule of appointments at the time appointments are scheduled. You are responsible for keeping track of and honoring your scheduled appointments. No-show fees are expected to be paid by the time of your next scheduled appointment. A No-show is defined as an appointment time scheduled but not honored, uncanceled, or canceled after 5pm the prior business day. After 2 unpaid no-shows, Superior Massage LLC will terminate any further treatment.

Client Acceptance of Fees and Policies Superior Massage LLC

____ Superior Massage LLC reserves 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 of massage therapists. Superior Massage LLC will exercise this right if anyone arrives for treatment under the influence of alcohol or recreational drugs; or behaves in a manner that is deemed inappropriate, offensive, or unsafe. Superior Massage LLC reserves the right to charge for the session time, whether or not services were rendered, if the therapist so chooses.

I understand that these policies are in place to assist Superior Massage LLC and my therapist in providing the best possible care to me and all others who benefit from these services. My signature indicates my acceptance of, and agreement to abide by, all stated policies and fees.

 Signature (Parent or Guardian) _____
Date

**Itemized Usual, Customary & Reasonable (UCR) Fees*

<p><i>Evaluations</i></p> <table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;"><i>Intake, Evaluation</i></td> <td style="text-align: right; padding-left: 20px;">\$52.50</td> </tr> <tr> <td style="padding-left: 20px;"><i>Re-evaluation</i></td> <td style="text-align: right; padding-left: 20px;">\$45.00</td> </tr> </table> <p><i>Treatments (PM)</i></p> <table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;"><i>Massage Therapy</i></td> <td style="text-align: right; padding-left: 20px;">\$37.50◆</td> </tr> <tr> <td style="padding-left: 20px;"><i>Trigger Point Therapy</i></td> <td style="text-align: right; padding-left: 20px;">\$42.50◆</td> </tr> <tr> <td style="padding-left: 20px;"><i>Deep Tissue Massage Therapy</i></td> <td style="text-align: right; padding-left: 20px;">\$42.50◆</td> </tr> <tr> <td style="padding-left: 20px;"><i>Myofascial Release</i></td> <td style="text-align: right; padding-left: 20px;">\$42.50◆</td> </tr> <tr> <td style="padding-left: 20px;"><i>Therapeutic Exercise</i></td> <td style="text-align: right; padding-left: 20px;">\$42.50◆</td> </tr> <tr> <td style="padding-left: 20px;"><i>Muscle-Energy Techniques</i></td> <td style="text-align: right; padding-left: 20px;">\$42.50◆</td> </tr> <tr> <td style="padding-left: 20px;"><i>Assisted Stretching</i></td> <td style="text-align: right; padding-left: 20px;">\$42.50◆</td> </tr> <tr> <td style="padding-left: 20px;"><i>Hot/Cold Pack or Topical</i></td> <td style="text-align: right; padding-left: 20px;">\$10.00</td> </tr> </table>	<i>Intake, Evaluation</i>	\$52.50	<i>Re-evaluation</i>	\$45.00	<i>Massage Therapy</i>	\$37.50◆	<i>Trigger Point Therapy</i>	\$42.50◆	<i>Deep Tissue Massage Therapy</i>	\$42.50◆	<i>Myofascial Release</i>	\$42.50◆	<i>Therapeutic Exercise</i>	\$42.50◆	<i>Muscle-Energy Techniques</i>	\$42.50◆	<i>Assisted Stretching</i>	\$42.50◆	<i>Hot/Cold Pack or Topical</i>	\$10.00	<p><i>Administrative Services◆◆</i></p> <table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;"><i>First-time No-show 30m/60m</i></td> <td style="text-align: right; padding-left: 20px;">\$25/\$50</td> </tr> <tr> <td style="padding-left: 20px;"><i>Second-time No-show 30m/60m</i></td> <td style="text-align: right; padding-left: 20px;">\$40/\$75</td> </tr> <tr> <td style="padding-left: 20px;"><i>Returned NSF checks</i></td> <td style="text-align: right; padding-left: 20px;">\$25</td> </tr> <tr> <td style="padding-left: 20px;"><i>File copies</i></td> <td style="text-align: right; padding-left: 20px;">\$25</td> </tr> <tr> <td colspan="2" style="padding-left: 20px;"><i>(first 25 pages; additional pages 25¢/page)</i></td> </tr> </table> <p><i>Delinquent Accounts◆◆</i></p> <table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;"><i>Monthly late fees: delinquent</i></td> <td style="text-align: right; padding-left: 20px;">\$10.00</td> </tr> <tr> <td style="padding-left: 20px;"><i>Monthly late fees: collections</i></td> <td style="text-align: right; padding-left: 20px;">\$15.00</td> </tr> <tr> <td style="padding-left: 20px;"><i>Monthly interest</i></td> <td style="text-align: right; padding-left: 20px;">1%</td> </tr> </table> <p><i>Adjustments</i></p> <table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;"><i>Prompt pay/No billing per PM unit</i></td> <td style="text-align: right; padding-left: 20px;">\$12.00</td> </tr> <tr> <td style="padding-left: 20px;"><i>Typed notes waived per PM unit</i></td> <td style="text-align: right; padding-left: 20px;">\$12.00</td> </tr> </table>	<i>First-time No-show 30m/60m</i>	\$25/\$50	<i>Second-time No-show 30m/60m</i>	\$40/\$75	<i>Returned NSF checks</i>	\$25	<i>File copies</i>	\$25	<i>(first 25 pages; additional pages 25¢/page)</i>		<i>Monthly late fees: delinquent</i>	\$10.00	<i>Monthly late fees: collections</i>	\$15.00	<i>Monthly interest</i>	1%	<i>Prompt pay/No billing per PM unit</i>	\$12.00	<i>Typed notes waived per PM unit</i>	\$12.00
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◆Physical Medicine (PM) codes are billed in 15 minute units. All others are one fee per visit.

◆◆These charges are not covered by your insurance.

All fees are subject to change without notice. UCR fees are based on and derived from Ingenix Database’s National Fee Analyzer for 2005, and calculated according to the Portland area’s adjustment factors.

The Inspector General’s Advisory Opinion 98-8 re: Discounts states, “if the higher costs are due to ‘unusual circumstances or medical complications requiring additional time, effort, expense, or other good cause,’ due to claims processing, documentation...and delays/denials in Medicare payment, then [medical providers] are allowed to charge Medicare more than their ‘usual charge.’” Because insurance industry standards are very often derived from Medicare standards, the IG’s opinion is applicable to all medical insurance claims.