

OHMBODYWORK  
THERAPEUTIC  
MASSAGE

MEDICAL MASSAGE

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**Policies and Procedures**

**Insurance Policies and Procedures**

It is your responsibility to be aware of your insurance coverage and benefit information. It is as a courtesy that we call and verify benefits for you before your appointment. **The quote of benefits we get is not a guarantee of coverage, eligibility or benefits.** The information we get may be quoted inaccurately. We appreciate your patronage and dislike having to bill anyone for misquoted benefits; your awareness of your coverage helps us prevent this. To verify benefits and obtain any information regarding your insurance plan and coverage, call the customer service number on the back of your card.

If we do not have your insurance information, we cannot bill your insurance and you will be required to pay for the visit at the time of service. If after the visit we receive your insurance information, we will refund the amount you previously paid when payment is received from your insurance company.

If you wish us to bill your insurance company and you do not have a prescription; you will be required to pay for the visit at the time of service. Your insurance company will not pay for the session without a prescription. If you do obtain a prescription and it is backdated, we will be happy to refund your payment after your insurance company has paid for the visit.

It is your responsibility to be aware of your benefit maximums. If your therapy charges exceed the annual maximum established by your insurance carrier, the balance not paid by your insurance carrier becomes your responsibility.

**Outstanding Balances**

Balances not covered by insurance are due within 45 days of the initial billing unless other arrangements have been made with our credit department. You are responsible for the payment of your balance in a timely fashion regardless of discrepancies and or disputes with your insurance carrier.

The parent or guarding who registers a minor is ultimately responsible for the payment of the charges incurred at this facility regardless of circumstance.

Unless payment arrangements have been made, delinquent accounts (90 days past the initial billing date) will be referred to an independent collection agency or small claims court, in which case you will assume the full responsibility for collection costs, including any attorney and/or court fees.

If you have not provided your insurance company with an incident report or any information required for your claim to be paid, or you have any delinquent accounts including: outstanding copays, balances unpaid by your insurance company, or an unpaid no show/late fee, treatment will be suspended until any information is received or unpaid balances are paid.

**Cancellation Policy**

It is the policy of Ohmbodywork Massage Therapy to require a 24-hour notice on all cancellations. If a patient fails to cancel 24 hours prior to the appointment, the patient is responsible for a \$40.00 "no show" fee. After three (3) consecutive "no show" appointments, the clinic reserves the right to refuse service.

The undersigned agrees that in consideration of services to be rendered to the patient, he/she assumes financial responsibility for this account under the terms and conditions as listed above.

I have read and understand the above policies and procedures.

\_\_\_\_\_  
Patients signature (parent or guardian if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patients printed name