MASSAGE POLICIES

The massage therapists at Gober Chiropractic Center are committed to serving you with the best care possible. We welcome your requests and feedback. As a courtesy to you, we would like to inform you of our policies.

1. Massage therapy is not a substitute for medical examination/diagnosis by a primary care provider. The massage practitioner does not diagnose illness or diseases, prescribe drug therapies, nor perform chiropractic manipulations of the spine. It is recommended that you see a physician for any physical ailment you might have. It is required that all known medical conditions be communicated to the massage practitioner.

2. **If you need to cancel an appointment, we require at least 24 hours notice. If not, there is a $60.00 charge.**

3. To receive the maximum benefit for your treatment it is necessary to comply with the prescribed and/or recommended treatment plan, including number of visits, exercise, etc.

4. In order for therapeutic massage to be safe and effective, please inform the practitioner of any pain medication, anti-inflammatory or other drugs you may be taking. The safest condition for the massage recipient is to be drug and alcohol free for at least 8 hours prior to the appointment, so the sensation is not compromised. The client shall keep the massage practitioner informed of any changes in healthcare status and treatment.

5. Due to the intimate nature of massage/bodywork, personal cleanliness is necessary.

6. Please be on time for your appointment. Arrive a few minutes early to use the restroom and relax.

7. We try to give appointment reminder calls, however, it is ultimately your responsibility to keep your appointment.

8. You are ultimately responsible for all charges whether your insurance company reimburses or not.

9. Co-payment and Time of Service cash will be collected each visit.

10. Payment on my account is expected as stated above. Past due accounts will be assessed a re-billing fee of $5.00 per month and charged interest at the rate of 0.75% per month. To Avoid the re-billing fee, please pay according to your specific arrangements stated above.

We hope that this sheet represent our policies in a clear and useful manner. If you have any questions, do not hesitate to ask any of the massage therapists or the front desk staff.

I have read the above policies and I agree to abide by these policies.

Patient Signature _____ Date _____

Gober Chiropractic Center, PS
12826 SE 40th Lane, Ste 105, Bellevue, WA 98006 Ph: 425-746-0420 Fax: 425-746-1857