

Massage Consent Form

I hereby request and consent to therapeutic massage treatments on me by Kristen Rudd, Registered Massage Therapist and/or, Kam Sharma, Registered Massage Therapist and/or, Lana Cummings, Registered Massage Therapist.

I understand and am informed of the benefits of massage therapy, as well as the possible side effects and risks, and the consequences of not having such treatment.

I further understand that I do not expect the massage therapist to be able to anticipate and explain all risks and complications, and I wish to rely on the therapist to exercise judgment during the course of the treatment, which the therapist feels at the time, based upon the facts then known to be in my best interest.

I have had the opportunity to ask questions and I am aware of my right to modify or stop the assessment/treatment at any time and/or refuse, alter or withdraw this consent at any time.

The current fee schedule for massage therapy is:

Swedish	30 minute	50.00
	45 minute	65.00
	60 minute	80.00
Thai	45 minute	65.00
	60 minute	80.00
	75 minute	100.00
	90 minute	125.00
	120 minute	145.00
Hot Stone	45 minute	75.00
	75 minute	110.00

Please note all fees are subject to HST, which is not included in above rate. Treatment times include assessment, time spent getting on and off of the massage table, and remedial exercise if required.

I understand that payment for services received is my responsibility. If my claim is to be submitted directly to an outside agency for payment, and for some reason the third party payer denies the claim and/or refuses to pay all or part of the full amount billed, I am responsible for paying the outstanding amount.

I am aware the cancellation policy requires 24 hours notice to cancel a massage appointment. Appointments that are missed will be billed a missed appointment fee.

PRINT NAME

SIGNATURE

DATE

Authorization and cancellation policy

Patients are responsible for providing **24 hours notice** for massage appointment cancellations.

If you cancel with out notice, we lose two patients - you and the person who would have been treated in that time slot.

Please be aware of the missed appointment fee schedule:

30 Minute appointment missed - \$30
45 Minute appointment missed - \$45
60 Minute appointment missed - \$60
75 Minute appointment missed - \$75
90 Minute appointment missed - \$90
120 Minute appointment missed - \$120

Reminders

Reminder emails are available to help you remember your appointment but should be considered a courtesy only. You are still responsible to arrive on time to your appointment and will be charged the appropriate cancellation fee should you cancel your appointment within 24 hours, whether you have received a reminder email or not.

Would you like a reminder email before each appointment? Y N

If so, please provide the preferred email below.

REMINDER EMAIL

I accept that I will be charged a set fee, as listed above, for **any** appointment cancelled or missed without 24 hours notice. I understand that I am responsible to arrive for my appointment on the scheduled date and time and agree to pay **all** fees incurred by Universal Chiropractic regarding my appointments. Should there be a challenge to treatment costs by the payer, then I acknowledge responsibility to pay for any outstanding fees on my account.

PRINT NAME

SIGNATURE

DATE