

South Hills Physical Medicine



5301 Grove Rd Suite M109
Pittsburgh, PA 15236
(412) 885 - 3533

Massage Wellness

\$39 1-Hour Introductory Massage

- First therapeutic massage

\$50 Monthly Membership Dues

- First 1-Hour Massage each month
- Earn free massages with referrals (see below)
- 6 month minimum
- 12 month commitment earns additional \$25 massage
- \$39 unlimited 1-Hour massages, 35% off of normal rates

Membership Details

- \$50 monthly dues will give you a 1-Hour massage per month.
- Massages will carry over month to month
- All Massages must be used within 60 days of the end of membership
- Maximum massage time of 90 minutes, purchase necessary.
- Once membership ends, you are entitled to an introductory price after 6 months have passed

Earn Free Massages

- Every referral that purchases a membership earns member ½- hour massage

Non-Member Rates

- \$60 1 Hour Massage
- \$40 1/2 Hour Massage
- \$80 90 minutes

20 Reasons to get a Massage

- Relieve stress
- Relieve postoperative pain
- Reduce anxiety
- Manage low back pain
- Manage fibromyalgia
- Reduce muscle tension
- Enhance exercise performance
- Relieve tension headaches
- Sleep better
- Ease symptoms of depression
- Reduce pain of osteoarthritis
- Decrease stress in cancer patients
- Improve balance in older adults
- Decrease rheumatoid arthritis pain
- Promote relaxation
- Decrease symptoms of carpal tunnel syndrome
- Help chronic neck pain
- Lower joint replacement pain
- Increase range of motion
- Decreases migraine frequency

Package		Initial	Date
6 Month			
12 Month			

6 Month Membership details

- \$50 per month for 6 months
 - \$300 paid either at once or 6 monthly installments (360 minutes total)
- \$50 per month for 12 months
 - \$600 paid either at once or 12 monthly installments (720 minutes total)
 - One complimentary \$25 1-hour massage included

Consent For Massage

- I understand that the massage given to me is for the purpose of (stress reduction, pain reduction, relief from muscle tension, increasing circulation, or specific reasons stated here).
- I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.
- I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.
- I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes.

Signature _____

Date _____

****There will be a \$25 fee for any no show appointments. Please call if you need to reschedule or cancel your appointment.****

Month	Time	Date	Initial
1	30/60/90		
2	30/60/90		
3	30/60/90		
4	30/60/90		
5	30/60/90		
6	30/60/90		
7	30/60/90		
8	30/60/90		
9	30/60/90		
10	30/60/90		
11	30/60/90		
12	30/60/90		

Credit Card Authorization

Date _____
 Name as it appears on credit card _____
 Address: _____
 Email: _____
 Phone Number: _____
 Credit Card Visa Mastercard American Express Discover
 Credit Card Number _____

Exp Date __/__/__ CVV# _____
 Authorized amount (\$50 minimum per month) \$ _____
 Select One

- Authorize SHPM to keep on file for future approved payments
- Authorize SHPM to keep on file and charge all future invoices

Signature _____

Terms and Conditions: *By accepting these terms, You authorize SHPM to charge the credit card indicated above to be charged automatically for future orders placed by you.** by accepting these terms, you authorize SHPM to charge the credit card indicated above to be charged automatically for the current and future orders placed by you. *** The credit card may also be retained for ongoing recurring payments which have been previously approved by you for the length of the recurring payment schedule (e.g.monthly or yearly subscriptions).