

Massage and Acupuncture Agreement

Welcome to our office! By coming in today you have made an important commitment to your health. I hope you enjoy your experience with massage and acupuncture as we work together to help you attain your full health potential. Please read the following to acquaint yourself with a few of our policies. The purpose of this agreement is to allow us to serve you more completely and to get the best results in the shortest amount of time. It is our experience that those patients who understand the following policies get the best results.

Fees

Payment is required upon receipt of service. We gratefully accept cash, cheque, debit, Visa and Mastercard.

<u>Massage Treatment Length</u>	<u>30 minutes</u>	<u>60 minutes</u>
Adults	\$55.00	\$95.00
Children (0 – 12yrs) & Seniors (65+yrs)	\$45.00	\$80.00

Privacy

All personal information provided by you to our office will be handled according to the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and PHIPA for Ontario.

Extended Health Care

Most extended health care programs will pay part of massage therapy fees. In order that we may double check that your information is entered correctly to ensure that your claims are approved, receipts are e-mailed to you directly before 2 pm the business day after your treatment. Please note that you are responsible for submitting the claim to your insurance company. Extended benefits are an agreement between you and your insurance company, not between your therapist and insurance company.

Motor Vehicle Accident

Our office is unable to process motor vehicle accident claims for new patients.

Workplace Safety and Insurance Board (WSIB)

Our office is unable to process WSIB claims for new patients.

Emergencies

Your discomfort is our immediate concern. In the case of an emergency, please call the office and we will arrange for you to be seen at the first possible opportunity.

Appointment Times/Cancellation Policy

We strive to run on time. If your condition changes or you have a new concern that you need to discuss, please call the office so that we may book the appropriate amount of time for you. If you are 10 minutes late or more for your appointment time, you will be asked to reschedule out of respect for the other patients who have arrived on time. Patients will be billed for appointments missed without 24 hours notification.

Patient Co-operation

We will set up a specific course of treatment for you. A certain number of treatments in a set amount of time are required for us to get the results you desire. Therefore, if you need to change an appointment, it is necessary for you to reschedule to make up that appointment within the week. This will enable you to maintain your treatment schedule. You must realize that a missed appointment may increase the number of visits required for you to reach optimum health.

An informed consent form will be presented to you to be signed. Following this, the appropriate treatment will be administered as explained previously.

No smoking, alcohol, or illicit substance use is allowed on the premises. Treatment will be refused if the patient is, or is suspected to be, under the influence of any of the afore mentioned.

Your Health and Happiness

We are here to serve you, our patient. Please speak to the Massage Therapist or technicians about any upsetting matters. We see your comments as helping us to help you and others. Please feel free to discuss any aspect of your care with us at any time.

I have read and understood the above patient policy and accept this policy as stated.

Please print name

Signature

Date

Guardian, if patient is under 16 years of age