

Rejuvenation Massage Payment Policy:

All payments are to be made at the time of service. Payments are accepted by cash, check, credit card or HSA card. If using your insurance to assist in your payment please read below.

Insurance Policies:

Aetna Clients:

I am an In-Network provider for Aetna only. It is your responsibility to know your plans coverage & any requirements associated. All visits will be your responsibility if these requirements are not met prior to receiving your massage. Insurance companies can only be billed for a 1 hour treatment, all sessions for Aetna clients will be 60 minutes unless you choose to pay the difference out of pocket for a 90 minute session.

All other (Out-of-Network) insurances:

Payment in full will be collected at the time of service. As a courtesy to you I can submit your claim - depending on the provisions of your particular insurance plan massage visits may go towards your deductible or if there is out-of-net coverage you will be reimbursed the determined amount by your insurance company.

For **all** insurances:

• Using your insurance does not guarantee payment, if your insurance denies coverage for **any** reason you will be responsible for payment in full. By signing below you agree to personally pay for all services received by Caroline Brady, LMP regardless of any insurance denials.

- Plans requiring pre-authorization (ie: eviCore) are not accepted.
- HSA (Health Savings Account) cards are gladly accepted for payment.
- MVA's: I do not bill for Motor Vehicle Accidents. Payment for each visit will be collected at the time of service and a receipt will be provided for you to personally submit to your claims agent. Any documentation requested by a lawyer or claims agent will be provided upon request, an additional administration fee may be applied for this request.

Cancelation Policy:

Please allow 24 hours notice for all cancellations. Any missed or non-cancelled appointments with less than 24hrs notice will be billed to you at the full rate. Your insurance company can not be billed for missed appointments.

Acknowledgment and Acceptance of the noted payment policy:

I _____ have read the information noted above. I understand and accept the payment policies which have been presented to me regarding services received by Caroline Brady, LMP at Rejuvenation Massage.

Signed: _____ Date: _____

All client records are confidential and at no time shall be shared with any unauthorized individuals. Records may be shared with third parties or other healthcare providers only with the written permission of the client to facilitate insurance billing or legal needs. (Est 2008/revised 2017)