

White Dragon Therapies

850 Cook Street * Myrtle Creek, OR 97475 * 541-863-9523

Office Policies and Procedures

Fee Policy: Fees are cash at time of service for private pay massage therapy sessions and aromatherapy consultation/sessions. If you wish to meet with me for an initial fifteen minute session before deciding to work with me, you may do so at no charge. Phone calls over ten minutes for therapeutic recommendations and other auxiliary services will be pro-rated at the regular cash discount session rate.

Payment: Payments for services & missed appointment fees(as well as co-pays, & deductibles are due at the end of the session regardless of medical insurance coverage. Any exceptions will be agreed upon prior to the session and noted herewith:

Payment exceptions: _____

Insurance (MM Health): If applicable, you are responsible for filing your own insurance claims. You may bring your claim form to me so that I may complete my portion of the form. Otherwise, I am able to bill your medical insurance carrier for the services you receive for a few select health insurance companies.

Insurance (Motor Vehicle): I am able to bill your automobile insurance company for MVA injuries for massage therapy. In order for this to massage clinic to bill your automobile insurance carrier for services rendered, you will need to complete an intake packet for a motor vehicle accident case. Your initial visit will require a medical doctor, chiropractic doctor, or naturopathic doctor referral for “medically necessary massage therapy”.

Insurance (Workers Compensation): I am able to bill your place of employment’s workers compensation carrier for injuries sustained while on the job. In order for this to massage clinic to bill your workers’ compensation carrier for services rendered, you will need to complete an intake packet for a worker’s compensation case and include a copy of the injury claim with the valid W/C open claim number on it.

Cancellations: Missed appointments and appointments cancelled less than 24 hours in advance will be charged at a 50% (fifty percent) rate of the cash at time of service fees. The remaining 50% (fifty percent) will be held as a credit towards a future appointment up to one year. Extreme emergencies and severely inclement weather are exceptions.

Promptness: Sessions will begin at the agreed upon time. If you will be late, please call me. Sessions will end on time and will not be extended to accommodate late arrival.

Client Name (print)

Signature

Date

(see reverse side)

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Informed Consent Acknowledgements

I understand that the massage/bodywork/aromatherapy I receive is provided for the basic purpose of promoting wellness, relaxation, stress reduction, relief of muscular tension and related symptom control. If I experience any pain or discomfort during the session, I will immediately inform the practitioner for the treatment to be adjusted to my level of comfort.

I understand that the treatment and educational information offered is not intended to replace the services of a physician, nor is it a substitute for medical treatment. The uses of essential oils are in accordance with established aromatherapy protocols. The clinician can not accept legal responsibility for any problems arising out of the therapy session or methods recommended for home use. Any applications of suggestions set forth are at my discretion and sole risk.

I understand I may request a copy of any or all of my medical records for reasonable fees as well as to cover personnel time of compliance, reimbursement costs as set forth in the Oregon State Statutes (ORS192.563 Health care provider and state health plan charges , ORS192.602 Time for compliance; reimbursement; exceptions)

I also understand that any illicit or sexually suggestive remarks or advances will result in immediate termination of the session and I will be liable for payment for the “full” scheduled appointment.

Because massage/bodywork/aromatherapy is contraindicated under certain medical conditions, I will disclose all known medical conditions and agree to keep the practitioner updated regarding changes in my medical profile. I understand that there will be no liability on the practitioner’s part should I neglect or decline to do so.

I hereby consent for my therapist to treat me with massage therapy after assessment, examination, and explanation of techniques recommended. I acknowledge the therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand massage is not a substitute for medical examination. I understand there are other options I may seek if massage does not solve my needs. I understand no assurances or guarantees have been made to me as to the results of this treatment. I understand that as with any treatment there may be risks. I understand that the massage therapist must be fully aware of any existing medical conditions. I have completed my health intake form accurately. I also agree to keep the therapist apprised of any new conditions or medications. I authorize my therapist to release or obtain information pertaining to my condition(s) and/or treatment to/from other medical providers or third party payers. I have been given time to ask questions about massage therapy treatment.

Client Name	Signature	Date
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Client Name	Print
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