

TO ALL Therapeutic Design's CLIENTS:

NO SHOWS:

I understand that I can be charged the full price of my massage appointment if I do not call and give at least an 8 hour notice of cancellation. This is considered a "NO SHOW". If it was a Gift Certificate, I understand I lose the value that Gift Certificate.

PAYMENT:

There is a discount time of service cash price, if we are billing insurance it will be billed at the normal higher rate. You are responsible for any portion of this charge that is not paid for by your insurance.

As a client you hereby acknowledge and understand that your provider of health care services is willing to provide insurance billing services on my behalf and for my convenience. You also understand that you are solely responsible for your medical bills and acknowledge that you shall be responsible for any un-paid balances, deductibles and co-pays, and for any other reasonable and customary charges that your insurance company does not pay on your behalf.

Client or Authorized Person's

Signature: _____

Date: _____