Branches of Wellness *Therapeutic Massage & Bodywork* ***RELEASE***

Name:_____DATE:_____

ASSIGNMENT OF BENEFITS:

I am responsible for all charges for all services provided. In the unfortunate event that my insurance company denies payment, or makes partial payment, I am responsible for any balance due. If you, my massage therapist, have contracted with my insurance company at a discount rate for services, the amount remaining will be waived and I will not be asked to pay the balance.

I authorize and direct payment of medical benefits to Branches of Wellness, LLC. For services billed.

Signature:_____DATE:_____

RELEASE OF MEDICAL RECORDS:

I authorize the release of my medical records or other health care information, including intake forms, chart notes, reports, correspondence, billing statements and other written information to my attorneys, health care providers and insurance case managers, for the purpose of processing any claims.

Signature:_____DATE:_____

CONTRACT FOR CARE:

I will participate fully as a member of my health care team. I will make sound choices regarding my treatment plan based upon the information provided by my massage therapist. I agree to participate in my own self-care program and adhere to the plan we select. I agree to communicate with my therapist any time I feel my well-being is being comprised. I expect my therapist to provide safe and effective treatment to the best of her skill and knowledge.

Signature:_____DATE:_____