

Massage Therapy Informed Consent

I understand that massage therapy is provided by, Alpenglow Acupuncture's Licensed Massage Therapists and is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage therapy are specified below:

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. Possible side effects of massage may include temporary pain or discomfort in the area worked, bruising, swelling, and a sensitivity or allergy to massage oils.

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have.

I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I will keep the massage therapist informed of my known physical conditions, medical conditions and medications. I will keep the massage therapist updated on any changes.

Signature required for treatment: Patient or Guardian: _____

Date: _____ Witness: _____

Billing Practices and Office Policies

The Client understands that:

- Services provided by Alpenglow Acupuncture, LLC are payable at the time of service.
- We accept: Cash, Visa, MasterCard, Discover Credit Cards and Personal Checks.
- Insurance is billed as a courtesy for our patients. Your co-payment is due at the time of service.
- Payment plan options are reviewed individually.

Private Insurance

Billing is a service provided to the client as a courtesy. We allow a 60-day grace period for your insurance to respond to our claims. If the insurance does not respond to our claims within 60 days, the full balance is due and payment is required. Most insurance policies do not cover herbal medicines and supplements. Our preference is ALWAYS to work with our patients directly. We reserve the right to forward any balances that remain unpaid to a collection service and you may be assessed additional fees that are in addition to your clinic charges. Should you have a question regarding a collection balance due, we will direct you to the collection service representative for resolution.

Cancellation and Missed Appointment Policy

- If you miss your appointment and do not notify the clinic, you will be billed in full for the treatment.
- If you reschedule the day of your appointment, you will be charged \$50.

I have read the above and understand my financial responsibility to this organization. I also approve Alpenglow Acupuncture, LLC to charge my credit card should I fail to provide the notice required by the Appointment Policy. If I have additional questions, I will ask to speak to someone, prior to my appointment.

Printed Name of Patient

Date

Signature

Alpenglow Acupuncture, LLC
3343 Fairbanks St. - Anchorage, Alaska 99503
907-336-6692 fax 336-6690

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