

## FINANCIAL POLICY AGREEMENT

PLEASE NOTE THAT YOUR INSURANCE IS NOT A GUARANTEE OF PAYMENT.

### Copay or Deductible

You will be responsible for your copay or deductible payment upon visit. You may check your copay, coinsurance, or deductible by calling your insurance provider.

### Non Reimbursements

For whatever reason, if the insurance is not covering the service, you will be responsible for the amount due based on your insurance premium.

If you do not show up on your appointment for whatever reason or do not cancel within 24 hours you will be charge a full amount. I agree to pay any payments that is due to me and I also agree to pay the amount in case my insurance deny the claims. I understand that I will be receiving the service and therefore I will take responsibility for anything that is not covered by my insurance.

### Cancellation or No-Show

We ask that you please reschedule or cancel at least 1 day before the beginning of your appointment or you may be charged a cancellation fee of \$60.00.

### NO SHOW AND CANCELLATION POLICY

At Bodyworks Massage Clinic your health is our focus and our aim is to provide you with a quality service in a timely and focused manner. We understand that plans change, as such if you must reschedule or cancel an appointment by calling, texting, or emailing us 24-hours in advance. You may also cancel online at <https://www.bodyworksmc.com/>. If you cancel or reschedule an appointment 24-hours in advance no late or cancellation fees will apply. If you fail to show up or cancel within 24-hours you are subject to a \$60 fee.

Here's Why?

When we make your appointment, we are reserving a room for your needs and block the time for you. The \$60 fee will cover your massage therapist's time and lost opportunity for the business. We ask that if you must change an appointment, please give us at least 24 hours' notice. This courtesy makes it possible to give your reserved room to another patient who would need the service.

We feel that our patient's time is valuable. When your appointment is made, a room is reserved, your records are prepared and readied for your visit. We, of course, would appreciate the same courtesy from you.

Your name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

We thank you for your understanding!