

Lotus Transformations Policies



Please read and initial that you fully understand each of the below policies:

Massage Informed Consent to Treat:

- _____ I hereby request and consent to the performance of massage therapy treatments on me (or on the patient named below, for whom I am legally responsible) by the licensed massage practitioner of Lotus Transformations, LLC.
- _____ Massage Therapy includes the assessment and treatment of the soft tissues and joints of the body, by means of: soft tissue manipulation, joint mobilization, and directed self-care stretches and exercises.
- _____ I understand that there may be slight discomfort during the treatment but that it is my responsibility to communicate with the therapist in regards to level of pressure desired.
- _____ I understand that all treatments provided by Lotus Transformations, LLC are professional and **NOT** erotic in any way.
- _____ I understand that massage therapy is generally a safe method of treatment, but that it may have some side effects, including temporary soreness, bruising, nausea, and unusual or vivid dreams.

Privacy Policy:

- _____ All personal information, medical history and notes made by the massage therapist will be held in confidence.
- _____ Personal information, medical history or notes may be disclosed for the purpose of: confirming premiums, determining or fulfilling responsibilities for coverage, or obtaining payment/reimbursement through the client's health plan.
- _____ Client's written permission will be received by Lotus Transformations, LLC prior to the release of personal information for any reasons not mentioned above.

Appointments, Cancellations and Late arrival policy:

- _____ Lotus Transformations kindly requests that clients give 12 hours notice when canceling an appointment. A fee of \$25.00 will be charged to your balance if you cancel or miss your appointment without 12 hours notice.
- _____ Promptness is appreciated for appointment times. In the event of lateness, your treatment may be abbreviated. Fees will be maintained as per the schedule.

Please continue on reverse side.

Payment Policy:

_____ Payment is accepted at the time of service in the form of cash, check, debit or credit cards.

_____ The patient is solely responsible for checking their medical/health plan for coverage. Please be sure to check if your plan covers massage therapy, if a referral or prescription is required, and if you have a deductible to be met.

_____ All patients are responsible for payment of deductibles and/or any service not reimbursed by their insurance. This includes any service deemed “not medically necessary” by their insurance. All insurance payments belong to Lotus Transformations, LLC. Any insurance payments received by the patient for Massage Therapy performed at Lotus Transformations, LLC must be turned over to Lotus Transformations, LLC. Any amounts not turned over will be billed to the patient.

Time of Service Payment Discount Program:

Lotus Transformations, LLC is committed to serving the healthcare needs of its patients and has implemented the **Time of Service Payment Discount Program** to assist both uninsured and under-insured patients.

Lotus Transformations LLC considers a patient Uninsured when a patient has no health insurance and Under-insured when a patient’s primary, secondary and other health insurance will not cover massage therapy services.

Under the **Time of Service Payment Discount Program**, all fees must be paid in full the day you receive treatment.

_____ Time of Service Payment Discount Fees:
\$65 Initial visit for 75 minute massage
\$60 Return visits for 75 minute Monthly Massage

By signing below, I authorize that I have read and agree to the terms and conditions contained in the above policies.

Client Signature _____ Date _____