

Whole Body Wellness

Medical and Sports Massage

Thank you for filling out this form carefully.
If you have questions, please ask.

Name _____ Today's Date _____

Billing Address _____ City _____

State _____ Zip _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Email _____ Best contact _____

We will send appointment confirmation notices and reminders by text and/or email.

How will you pay for your treatments? Insurance _____ Self Pay _____

Insurance Plan _____ Policy# _____ Group# _____

Social Security# _____ Primary Insured _____

We cannot bill your Insurance for "Late" Cancellations and No-shows. You will be responsible for any charges due to therapists. Please see policies on next page for explanation.

Age _____ Height _____ Weight _____ Sex _____ Marital Status _____ Children _____

Physician _____ Referral Y N Phone _____

Current Medical Conditions:

Condition: _____ Medications: _____

Condition: _____ Medications: _____

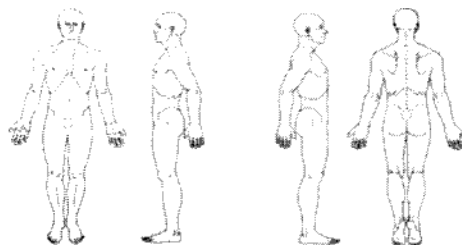
Condition: _____ Medications: _____

Recent Surgeries: _____

Current Medication Allergies: _____

What is the concern today? _____

Please mark areas of pain:
X for pain O for numbness



Payments & Cancellation Policy

Payment in Full is Due at time of Service.

Self Pay Clients... We accept: Visa, MasterCard, Amex, Flex, Checks, Cash

Insurance Clients We cannot bill your Insurance for Late Cancelled Appointments and No-shows. You will be responsible for charges due to your therapist if you do not provide adequate time for re-booking.

Early Cancellations: 24 hours advance notice is adequate. No Charge for Early Cancellations.

Late Cancellations & No-shows: Less than 24 Hours notice of cancellation or no notice at all. Charges may be incurred.

You will get an automated TEXT MESSAGE 24 hours before your scheduled appointment. Please reply by text to Confirm or contact us by phone to Cancel/Change your appointment.

Cancellations are considered to be "Late" and chargeable at a rate of \$50.00 when the cancellation occurs without at least 24 hours advance notice.

A no-show occurs when a patient misses an appointment without any advance notice at all. Your therapist will be here at your appointment time. Therefore, we must charge in full for a "No-Show".

If we can re-book your time at the last minute then the Late Fee will be waived. Initials _____
Refer your friends to Whole Body Wellness... your help in re-booking is appreciated!

NOTE: All patients, even those anticipating 100% insurance coverage, will be asked to provide credit card account information to secure their appointment. No charges will be posted without prior notification.

- **In Network Insurance**
- **Out of Network Insurance**

If Whole Body Wellness, LLC is "in network" with your health care insurance provider we can bill your insurance provider directly. Our office will provide all documentation to support your claim. Please note that you will be responsible for any required Co-pay, Coinsurance or unpaid balance.

If Whole Body Wellness, LLC is not currently "In network" with your health care insurance provider we will provide you with all documentation necessary for you to make an "out of network" claim yourself. We cannot make any representation or assurance of benefits but we will support your efforts for reimbursement.

Patient's Name (printed) _____

Signature Patient or Responsible Party _____ date _____

Credit Card # _____ Ex Date: _____