

CANCELLATION, LATE, AND NO-SHOW POLICY

Yaimayu Massage understands that unanticipated events can happen to anyone. Out of respect and consideration to the therapist and other patients, I ask that all patients please plan accordingly and be on time. In my desire to provide fair and effective treatment to all clients, the following policies are followed:

24 hour cancellation notice

If I fail to give at least 24 hours notice, other patients will be unable to schedule in my place. In this situation, I will be charged the full amount of my appointment. If I do not pay the fee before my next session, I understand that I will be receiving an invoice by mail or email or a charge will be added to my bill at my next appointment.

No-shows

If I forget or consciously choose to forgo my appointment for whatever reason, I will be considered a "no-show" and charged the full amount of my missed appointment.

Late arrivals

If I arrive late, my session may be shortened to accommodate the following appointments. Depending on how late I arrive, the therapist will determine if there is enough time remaining to begin treatment. Regardless of the length of treatment given, as a late arrival I will be charged the amount of the full session originally scheduled.

FINANCIAL AGREEMENT

Yaimayu Massage is pleased to become a part of your health care team by providing therapeutic massage. To ensure a successful relationship, Yaimayu Massage wants you to be informed regarding payment policies.

 I assign payments to be made on my behalf to this provider for any services provided to me. I authorize any holder of my information to release such information as needed to determine these benefits or to assist in the collection of payments.

 In the event that my fees are not paid as requested, action through a collection agency or legal action may follow. In this case, I will be responsible for all reasonable costs associated with the collection of such fees, including attorney and court costs.

 If I must reschedule or cancel my appointment but fail to do so at least 24 hours before the appointment per the cancellation policy, I understand that it is I, not my insurance company, that will be responsible to pay the fee from my missed session.

 I understand that my insurance is an agreement between the insurance company and myself.

 I understand that Yaimayu Massage, as the health care provider, will assist me in billing my insurance carrier. However, I am fully responsible for any payments due that are denied by my insurance company.

 If my insurance carrier does not pay the bills for services provided to me within 60 days, I am responsible for the balance on the 61st day.

Patient Name: _____ Date: _____

Signature: _____