

Agile Body Structural Integration - Policies and Permissions

Please **initial** that you understand and agree to the following:

_____ **Payment Policies and Receipts for Insurance:**

You may pay with cash, check, Visa, Master Card, or American Express. Your receipt automatically includes the treatment code (CPT code), national provider identifier (NPI#), and tax ID that are needed if you wish to bill your insurance company for reimbursement. If you do want to submit your receipt for insurance reimbursement, you must ask me each session to add a diagnostic code (ICD-10 code) to your receipt. Your receipt can also serve as documentation for a health savings account expense.

_____ **Cancellations and Missed Appointments:**

If you are unable to make your scheduled appointment, please call or email me at least **24 hours** in advance of your scheduled time. You may be charged a \$50 missed appointment fee if you don't show up for a scheduled appointment or if you cancel on extremely short notice. Sudden illness or emergencies are an exception. Thank you for giving as much time as possible, so that I can fill your appointment slot.

_____ **Newsletter Permission (optional):**

If you initial here, I will add you to my confidential newsletter mailing list. The purpose of the newsletter is to share articles and announce upcoming classes. You may unsubscribe from this newsletter at any time.

I have read and understand the above policies and agree to those that I have initialed in all respects.

Print Client's Name	Signature of Client (or Guardian)	Date
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