

Waterland Wellness

22014 7th Ave S, Suite 105
Des Moines, WA 98198
P: (206) 824-1441
F: (206) 824-1885

POLICIES & TERMS OF SERVICE FOR MASSAGE CLIENTS
Please read and sign below indicating agreement with the following:

- Payment is due at the time of service.
- There will be a \$50.00 charge on any returned check.
- Visual check of valid photo ID required along with issuing State and last 4 characters of ID number added to your file for safety purposes.

I understand that massage therapy is a valid form of healthcare and that my therapist has set aside time for my appointment. I agree to be on time and give at least 24-hrs notice for cancellation; otherwise I will be charged a \$35.00 late cancellation fee. Evening appointments (past 4pm) and weekend appointments require a 48-hrs notice, as these are prime slots for clients. NO-SHOWS will be charged the full session self-pay rate. I also understand that if I am late to my appointment my therapist will deduct that time from the remaining scheduled session and if I am late by more than 15 minutes my therapist may choose to cancel and/or reschedule the appointment.

I understand that a "session" includes time for initial & post-assessments as well as allowing for time to undress and redress.

Waterland Wellness understands that sometimes emergencies happen, life gets in the way, illness, etc., so we offer a once-a-year grace waiver for the late cancellation fee (FOR ESTABLISHED CLIENTS, i.e. after first visit) for one late cancelled session; thereafter, the late cancellation policy applies. I understand that a NO SHOW is not subject to the same grace waiver and will be billed to your account at the full self-pay rate. I agree to pay for any fees incurred as a result of the above policies.

Any unpaid balance will accrue a \$15 monthly account maintenance fee after 60 days. Unpaid balances will be referred for collection after one year of non-payment on original balance plus accrued monthly maintenance fees. In the event my account goes to collection, I agree to pay those reasonable attorney fees and costs of collection. I also understand that all unpaid balances shall bear interest at the highest lawful rate. If you have any billing questions or want to discuss possible payment arrangement options, please contact us at (206) 824-1441.

To allow my therapist to abide by HIPAA privacy laws, I authorize my therapist the right to leave phone messages regarding my appointments, mail documents, or contact me via email based on personal contact information provided. Waterland Wellness will not share any of my information unless authorized by me (the patient/client) or compelled to do so by lawful subpoena.

Signature: _____ Date: _____

Printed Name: _____