

Six Elements Bodywork, LLC

Sarah K. Carl, LMT OBMT #11624

Insurance Information— please print *legibly*

Legal Name: _____ Today's Date: _____ Date of Birth: _____

Your sex as listed with the government/insurance company: _____ Phone: _____

Address, City, State, Zip: _____

For Auto Accident or Worker's Comp Claims ONLY

Is condition due to accident? Auto Work
Accident Date: ____/____/____ Claim Filed? Y N
Insurance Company _____
Claim # _____
Adjuster name, phone, email: _____

For Health Insurance ONLY

Primary Insurance Co. _____
Secondary Insurance Co. on back side. Include all fields.
Policy Holder _____
& Relationship to patient _____
EDI # _____
Patient ID # _____
Group Plan # _____
(You may submit a copy of your insurance card instead)

Office and Financial Policies

- ◆ **24 hour notice of cancellation required. Patient is responsible for late notice & no-show fees. Insurance does not cover.**
- ◆ Massage therapy requires close contact of receiver and practitioner. I remain in control of my own body at all times. If I feel uncomfortable at any time, I will inform my therapist immediately so s/he may remedy the situation or end the session. If my therapist feels uncomfortable, s/he may communicate this to me and/or end the session with full payment expected.
- ◆ Massage therapy can have numerous physical, emotional and mental health benefits. However, occasional reactions may occur, including but not limited to: headache, dizziness, soreness, slight bruising, allergic reaction to herbal products. If steamed herbs or glass cups are used, there is a slight chance of burning. If I feel any negative effects at any time, it is my responsibility to inform my therapist so that s/he can alter or end the session. If my mental or physical capacity is impaired in any way at any time during or after an appointment, I do not hold liable Six Elements Bodywork or my therapist for anything I failed to notice or communicate.
- ◆ I agree not to hold liable Six Elements Bodywork, LLC, Sarah K. Carl, or authorized practitioner working with Six Elements Bodywork, LLC for any adverse affects from treatments, herbal therapies or self care ideas given to me.
- ◆ I have been given the chance to read the Privacy Policies Notice. I understand that my private health information will be used only for conducting, planning and directing my treatment, consulting with other health care providers who may be directly or indirectly involved in my treatment, or obtaining payment from third-party payers.
- ◆ Bodywork does not purport to diagnose or cure medical or mental conditions and should not replace consultation or treatment with a qualified physician or mental health therapist.
- ◆ Complaints must be formally declared and delivered by hand or mail to this office within a reasonable amount of time.

Statement and Release

- ◆ All information I have provided on this form is true and accurate to the best of my knowledge. I agree to provide written updates of my address, health, insurance or other information needed to conduct treatment safely and effectively or to obtain payment.
- ◆ I certify that I (or my dependent) have insurance coverage with the above company. I assign all insurance benefits, if any, otherwise payable to me for services rendered, directly to Six Elements Bodywork, LLC or provider authorized by Six Elements Bodywork. **I understand that I am financially responsible for all charges whether or not paid by insurance.** If I default on payments owed to my provider, I am responsible for applicable charges incurred while collecting the money owed. I hereby authorize the release of all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.
- ◆ By signing below, I declare that I understand and agree to all statements listed above.

Date

Signature of patient or guardian if patient is a minor