

Alchemy Wellness

Therapeutic Massage - CranioSacral Therapy - Injury Treatment

Financial Agreement & Assignment of Benefits

I, _____, a client of Monika Adams M. Ed., LMT, of Alchemy Wellness, PLLC, do hereby acknowledge that my health insurance policy is an arrangement between my health or auto plan and myself.

I realize and accept that it is my responsibility to know and understand my insurance policy and its benefits.

I understand that certain services may not be covered under my insurance, labor and industries, or personal injury protection claim.

I understand that I am responsible for all bills incurred at this office and I agree to make financial arrangements with Monika Adams, M.Ed., LMT, to pay for any services not covered by my insurance policy, labor and industries, or personal injury protection claim.

I hereby assign to Monika Adams, M.Ed., LMT the medical benefits to which I am entitled under my insurance plan in accordance with the treatment I receive through this office.

I hereby authorize Monika Adams, M.Ed., LMT to furnish my insurance company all the information which they may request concerning my treatment. I also authorize Monika Adams, M.Ed., LMT to discuss and correspond with my physician or other healthcare provider listed below about my medical status as it pertains to providing me with safe effective, and coordinated manual therapy. I understand that my medical records, in whole or part, may be used in the process, but that any correspondence or discussion will be confined to those medical conditions or treatments which may be relative to manual therapy sessions.

Patient Name (print): _____

Patient Signature: _____ Date: _____

Insurance Company: _____

Member ID#/Policy/Claim #: _____

Physician/Healthcare Provider: _____ Phone: _____

360-536-8092
118 Bay Street, #100
Port Orchard, WA 98366