

## **Massage Policy**

I have requested a massage.

Spaulding Chiropractic Clinic, Inc has explained the following:

1. It is my responsibility to know if massage provided by a Massage Therapist is a covered benefit of my insurance plan.
2. If massage is a covered benefit, my insurance may not cover the full amount and I would be responsible for the balance.
3. I am responsible for the charge of a missed appointment if I do not cancel 24 hours in advance.
4. Spaulding Chiropractic Clinic, Inc can not bill any massage to insurance without a referral from a Chiropractor in this clinic.

Spaulding Chiropractic Clinic, Inc has not guaranteed me that my insurance will cover this service. I understand that I am responsible for the balance if my insurance does not cover this service.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date