

915 Southwest Blvd. Suite H
Phone: 573-635-2225



Jefferson City, MO 65109
Fax: 573-634-5155

MESSAGE THERAPY FINANCIAL POLICY

Collection of Payment

Showers Family and Sports Chiropractic is contracting with Body Balance, LLC to provide you massage services., therefore, applying your services to an existing account is not an option,. **All payments must be collected at the front desk at the time your services are rendered.** We take check, cash and credit cards excluding American Express. **Please write all checks to Body Balance, LLC.** Any credit card transactions will be ran under Showers Chiropractic. Please ask for a receipt if it has not been given to you.

Insurance

The **massage therapy services that you receive in this clinic are not sent to your insurance company** and therefore, it is your sole responsibility to pay for the services you receive at the time they are rendered.

Gratuity

Your massage therapist is paid in full all gratuity that client's wish to give. Therefore, any tip that you would like to give to your massage therapist can be given directly to your therapist or can be given to the front desk and they will make sure your therapist receives the gratuity.

Returned Checks

It is our policy and the policy of Body Balance, LLC to collect one fee of **\$25.00 for checks that are returned.** This is to cover any fees that apply from the transaction.

Appointments

If unable to keep an appointment, as a courtesy to your therapist and other clients please give 24-hour notice. If this is a continual problem you will be expected to pay a **\$25 charge** for each session that is missed.

Financial Policy Questions

We are happy to address questions regarding finances at any time. Please **direct accounting questions to our Office Manager, Natalie.**

Privacy

All health information that you have provided to your therapist is confidential and will not be shared without your permission.

Cafeteria Plans

Often cafeteria plan money can be used to pay for massage when submitted with a prescription from a medical or chiropractic physician. If you are a patient of Dr. Showers or would like to become a patient, she can evaluate you and prescribe massage if she determines that it should be part of your treatment plan.

By signing below you are stating that you understand and will comply with our financial policies.

Client/Guardian Signature: _____