

## *Client Agreement Regarding Policies, Services, and Fees*

# **Bonnie Ross Massage LLC**

Bonnie Heshelman, LMT (Licensed Massage Therapist)

[BonnieRossMassage@yahoo.com](mailto:BonnieRossMassage@yahoo.com)

414-345-8861

Location:

4402 South 68<sup>th</sup> Street, Suite 102, Greenfield WI 53220

Please read and sign the following contract and financial agreement for services.

Bonnie Heshelman, LMT is a licensed massage therapist with the state of Wisconsin.

As Bonnie Heshelman, LMT is an independent practitioner, your contract with her does not include a contract with any of the other health professionals at this site; unless specified via a joint healing plan collaborated with the client's authorization.

### ***Confidentiality:***

-Information regarding your treatment is confidential and will not be released without your written consent, with the following exceptions: a court order, signs of child abuse, threats of suicide, or threats of physical harm to another individual. In these instances Bonnie Heshelman, LMT is bound by law and ethics to report the situation to the appropriate agency/person.

-All conversations during Massage sessions will remain strictly confidential unless you, the client, authorizes otherwise.

-Additionally, by signing this document, you acknowledge that you received a copy of State and Federal laws regarding the privacy of your health care (HIPPA) information during care with Bonnie Heshelman, LMT.

-All patients' accounts are the sole property of Bonnie Heshelman, LMT. It is important to note that all confidentiality regarding your account will be strictly maintained.

### ***Rights and Risks:***

As a client seeking Massage, you have the right to understand the treatment process, risks, and benefits, as well as your financial responsibilities. You have the right to be informed regarding:

-The benefits of proposed Massage. The manner in which the proposed Massage are to be carried out.

-Potential side effects of care.

-Alternative care.

-Probable consequences of not receiving Massage treatments.

These issues will be covered in the initial session. If you feel they have not been adequately clarified to your satisfaction, it is your responsibility to ask Bonnie Heshelman, LMT for further details.

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### ***Appointments:***

- All office visits are by appointment and may be scheduled through Bonnie Heshelman, LMT directly.
- Please arrive 5-15 minutes early. Your appointment will begin at it's scheduled time.
- Late cancellations (less than 24 hours before appointment) and/or no-show appointments will be billed to the client in the full amount.
- In the case of an illness or a life threatening emergency, please notify Bonnie Heshelman, LMT no later than 7:00 a.m. the day of the appointment. If you are directed to voice mail, please leave a message and your call will be returned as soon as possible.
- The primary phone number for Bonnie Heshelman, LMT is 414-345-8861. If you are directed to voice-mail, please leave a message. Bonnie Heshelman will return your call as soon as possible.

### ***Financial Responsibilities:***

- You agree to pay Bonnie Heshelman, LMT in full, for all services received from Bonnie Heshelman, LMT at the time you receive such services, unless other arrangements are made in advance with Bonnie Heshelman, LMT
- Bonnie Heshelman, LMT does not participate in any insurance plans or accept any insurance assignment for services. Therefore, all costs and fees are the sole responsibility of the patient, or the parent, in the case of services rendered to minors.
- Payment may be made by cash, charge, or a check payable to 'Bonnie Ross Massage LLC',

### ***Collections Agency:***

Past due accounts will be given to a collection agency/attorney. A past due account is any account where a failure was made to make a payment within 30 days. If you have any concerns about payment, please feel free to discuss the concerns with Bonnie Heshelman, LMT.

### ***Session Fees:***

#### ***Massage Services – In Office:***

	<b>Fee</b>
Therapeutic Massage Session (30 min session)	\$40
Therapeutic Massage Session (45 min session)	\$55
Therapeutic Massage Session (60 min session)	\$65
Therapeutic Massage Session (90 min session)	\$95
Therapeutic Massage Session (120 min session)	\$125

#### ***Massage Services – Onsite/Mobile:***

	<b>Fee</b>
Therapeutic Massage Session (60 min session)	\$115
Therapeutic Massage Session (90 min session)	\$165
Therapeutic Massage Session (120 min session)	\$215
No-Show/Late Cancellation Fee for Massage	Fee of Massage booked
Bounced Check Fee	\$75

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### ***Minor (under the age of 18) Confidentiality:***

All information pertaining to minors will be released to their parents or legal guardians upon the parents or legal guardians request.

### ***Emergencies:***

In case of medical emergencies, please contact your primary care provider, go to your local emergency room, or dial 911.

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## ***Statement of Agreement***

***Please initial each agreement, and then sign and date at the bottom.***

I, \_\_\_\_\_, have read, understand and agree to the above policies and I consent to them.

I, \_\_\_\_\_, hereby authorize Bonnie Heshelman, LMT to be my Massage Therapist.

I, \_\_\_\_\_, agree to accept financial responsibility for payment of charges incurred. I understand that a billing fee/financial charge complying with Wisconsin State Law will be applied to any overdue balance and/or bounced check. And in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required.

I, \_\_\_\_\_, understand that Massage Therapy, Reiki, involves hands-on energy and/or touching that is used for stress reduction, insight, and relaxation.

I, \_\_\_\_\_, understand that Licensed Massage Therapists do not diagnose conditions nor do they prescribe or perform medical treatments, prescribe substances, nor interfere with the treatment of a licensed medical professional.

I, \_\_\_\_\_, understand that Massage Therapy, Reiki, does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.

I, \_\_\_\_\_, understand that the practice of Reiki and Massage Therapy can complement any medical or psychological care I may be receiving.

I, \_\_\_\_\_, understand that the body has the potential to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

I, \_\_\_\_\_, understand that the practitioner, Bonnie Heshelman, LMT will be placing her hands on me during the Massage Therapy/Reiki session.

Client(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_