

# Alpine Therapeutic Massage

Phoenix Alexander LMP

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mynameisphoenix2@yahoo.com www.BalancedHealthMassageAndSpa.com

## Motor Vehicle Collision Patient Financial Agreement

I, \_\_\_\_\_, being a patient of Alpine Therapeutic Massage located at: 36511 32nd Ave S. Auburn, WA 98001, do hereby acknowledge that my insurance policy is an arrangement between the insurance policy holder and myself.

I understand that upon the expiration of my Personal Injury Protections (PIP) insurance coverage that my health insurance may be billed. I acknowledge that it is my responsibility to know and understand my health insurance policy, benefits, co-pay amounts, deductibles and requirements for health care referral.

I acknowledge that the reimbursement from my health insurance is a payment toward the total billed services. I acknowledge that certain services may not be covered by my health insurance under the terms of my policy. I understand that I am responsible for all bills incurred during treatment with Phoenix Alexander at Alpine Therapeutic Massage

I agree to make financial arrangements with Phoenix Alexander and Alpine Therapeutic Massage to pay for any services not covered by my health insurance company. I understand that the balance of any unpaid services is due within 60 days of services rendered unless an alternate payment plan has been approved in advance by Nancy Haller.

Dated at Auburn, Washington, on this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

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

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

I understand that I will contact my attorney to supply them with contact information about Phoenix Alexander and Alpine Therapeutic Massage

Attorney: \_\_\_\_\_

Phone number: \_\_\_\_\_