

Bella Soul Spa

Agreement for PIP Clients

I fully understand that I am directly and fully responsible to Bella Soul Massage Therapy & Spa Inc. for all health care bills submitted by them for services rendered to me. Bella soul does not claim to quote me for my benefits for insurance or give me any information regarding my coverage of benefits. ***It is my sole responsibility to contact my auto insurance company and keep track of the balance available for treatment from my PIP coverage.*** Further, this agreement is made solely for Bella Soul's additional protection and in consideration of their forbearance of payment. I also understand that such payment is not contingent on any settlement, judgement, or verdict by which I may eventually recover damages.

*Initial: _____

I have provided Bella Soul with a prescription for massage therapy that includes the ICD-10 codes (ailment, injury), number of visits, and a start date. ***I understand that it is my responsibility to keep my prescriptions up to date and provide the original to Bella Soul before receiving treatment.*** If I receive a massage and have not provided a current prescription that covers that service, I ***will be responsible for payment at time of service.***

*Initial: _____

I am aware that Bella Soul charges \$30.00 per unit (\$120.00 per 60 minutes) for injury specific treatment, which is the treatment I will be receiving. If hydrotherapy is done (hot/cold therapy) an additional \$15.00 will be charged. Bella Soul will bill my auto insurance as a courtesy to me; however, I understand that I am responsible for payment of all services rendered. If my insurance company does not send payment for services within 90 days of submitting my bills, I will be responsible to make full payment within 30 days of being notified by Bella Soul.

*Initial: _____

If you are scheduled for Individual Medical Exam (IME) we need to stop treatment on that date, until confirmation of continued treatment is approved by insurance company.

*Initial: _____

I fully understand that I am directly and fully responsible to Bella Soul for all cancellation fees that I may incur for not complying with their cancellation policy. Bella Soul's cancellation policy is as follows: 24 hour notification of any changes in time/day or cancellation of scheduled appointment for massage treatment. If you are unable to give 24 hour notice you will be charged a \$40.00 cancellation fee. The cancellation fee must be paid prior to any future services at Bella Soul.

Signature _____

Date _____