

Payment Agreement

I _____ understand that my massage therapy sessions will be billed through my insurance carrier. I agree to pay any co-pays up front for any services rendered. In the circumstance that insurance does not cover my services outside of allowed visits and reasonable attempts for payment made by the provider I agree to pay in full for service rendered in my behalf.

(Client Signature)

(Date)

(Therapist Signature)

(Date)

Hand's Face & Body
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