



## **Terms and Conditions**

**Terms:** Please read all of the terms and conditions carefully before scheduling an appointment, or receiving any massage therapy or acupuncture services. These terms apply to all clients scheduling through our website, in person, or over the phone. If you have any questions, please call 206.267.0863 or contact us via email at [service@dreamclinic.com](mailto:service@dreamclinic.com).

### **Payment & Fees:**

- Full payment is due at the time of service.
- A credit card is kept on file for your account.
- Cash is not accepted as a form of payment as of 5/1/22.
- Gratuities may be provided directly to therapists as cash, or by credit card at time of service.
- Balances due, including late and cancellation fees, are charged to the card on file
- An unpaid balance of \$100 or more may result in denial of service and/or collections actions.

### **Accepted Payment Methods:**

- Checks
- Visa/Mastercard/Discover
- American Express
- Most HSA/FSA cards and accounts
- Dreamclinic gift cards and packages
- Enthusiast Membership credits

### **Late Arrivals and Cancellations:**

- Arriving more than 30 minutes late constitutes a cancellation and the appropriate cancellation fee is assessed.
- Late Insurance arrivals (15-30 mins) are assessed a \$35 fee.
- Late Out-of-Pocket appointment arrivals are charged the full price of scheduled appointments.
- Appointments that are canceled within 24 hours of the appointment start time are charged a cancellation fee of \$85.
- Same-Day appointments are also subject to cancellation and late fees.
- Cancellation and late appointment fees are not covered by insurance or HSA/FSA cards and accounts. Acceptable payment forms: credit/debit card, enthusiast member credits, gift cards, and packages.

### **Insurance Appointment Requirements:**

- Clients are required to cover any unpaid portion of the service, up to a maximum of the current cash rate of the service
- Confirmed benefits for your plan showing massage and/or acupuncture benefits, including number of visits, copay, coinsurance, deductibles, and pre-deductible amounts.
- A current medical referral or prescription for massage with musculoskeletal related diagnosis codes for treatment dated prior to the date of service. (Massage only).
- Acupuncture visits may include an extra exam fee.
- Medical invoices can be provided upon request for self-billing.

Please print name: \_\_\_\_\_

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