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FEES AND POLICIES

A. Fee Schedule

Fees for services are as follows:

- Swedish & Deep Tissue
30 minute session...\$40
60 minute session...\$65
90 minute session...\$100

- Neuromuscular Therapy
60 minute session...\$80
90 minute session...\$100

- Raindrop Therapy
60 minute session...\$60

- Medical Massage
\$30 per 15-minute unit

B. Payment Policies

Cash, Check or Credit (Visa or Mastercard)

Billing

I will bill your insurance company directly under the following conditions:

Private Health: verbal verification of coverage

Worker's Compensation: verbal verification of coverage

Auto Accident

- PIP: verbal verification of coverage
- Second Party Coverage: written verification of coverage
- Third Party Coverage: health care lien will be filed and/or letter of guarantee signed by the patients attorney

All insurance accounts not paid in full within 90 days from date of service will be charged interest. Interest rates are **12% annually** and are charged at **1% monthly**. Interest is calculated on the principal amount; interest is no compounded.

C. Office Policies

Cancellations

Cancellations must be made 24 hours in advance of the scheduled appointment time. If cancellations are not made within 24 hours, payment in full is required. This charge will be waived if a replacement can be found for your appointment time. Your insurance company will not be charged for your missed appointment; you will be responsible for payment of out-of-pocket.

Right of Refusal

I reserve the right to refuse service to anyone. This includes but is not limited to anyone who requests treatment or services that are outside my scope of practice. I will exercise this right if anyone arrives for treatment under the influence of alcohol or recreational drugs; I reserve the right to charge for the session time, whether or not services were rendered, if I so choose.

Patient Agreement

I have read the policies stated above and agree to abide by them.

Signature _____ Date _____