



BODY WORKS MASSAGE CLINIC  
12911 SE KENT KANGLEY RD  
KENT WA, 98030  
[WWW.BODYWORKSMC.COM](http://WWW.BODYWORKSMC.COM)  
[INFO@BODYWORKSMC.COM](mailto:INFO@BODYWORKSMC.COM)  
CALL AND TEXT 253-630-6614

## FINANCIAL AGREEMENT & NON-INSURANCE PAYMENT AGREEMENT

Dear patient/client,

Before we proceed, we ask that you agree with the following terms and conditions. Please initial and sign below.

1. \_\_\_\_Any visits my insurance company is going to deny for **WHATEVER** reason will be my responsibility.
2. \_\_\_\_I agree to pay the financial portion such as co-pay on the day of your visit.
3. \_\_\_\_I agree to pay interest or late fees if my balance is past due.

I \_\_\_\_\_, thereby understand and agree the terms and condition of financial agreement that BODY WORKS MASSAGE CLINIC is obligating me to pay for whatever reason that my insurance company will deny or not cover my visits.

Full Name: \_\_\_\_\_ Date\_\_\_\_\_

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

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