



## M.T. Wellness Clinic

Thank you for making an appointment for Medical Restorative Massage Therapy© at the M. T. Wellness Clinic. For new patients, the following forms will take approximately 15 minutes to complete. We consider it time well spent, and in your best interest as we become members of the same wellness team. For existing patients, please inform the office staff of any address or telephone number changes. Always inform your therapist of any changes to your condition or needs, so that we can provide the best care possible.

We would like to inform you of some of our policies:

- **Payment is due at the time of service.** Cash, Master Card or Visa, and Check are accepted. If a check is returned due to insufficient funds, the Clinic will charge an additional \$35.
- **Sales tax exemption** is available for patients with a **medical prescription for Medical Restorative Massage Therapy©.**
- Insurance receipts can be issued upon request.
- **Scheduling appointments** in advance allows the best opportunity to receive the times and dates most convenient for you.
- We do our best to honor your requests for a specific therapist. If your need is immediate, especially when related to pain management, it may be necessary for you to schedule with a different therapist. Rest assured that all of our therapists have excellent therapeutic training and similar skills.
- M.T. Wellness uses the team approach to patient care. We will have two LMT's involved in your initial visit and assessment, if possible. This co-treatment provides the highest standards of care due to the collaboration of CMRMT's skilled in MRMT throughout your treatment. **The team approach gives you more flexibility in scheduling.**
- Please help us to respect the time of all patients and therapists by notifying us 24 hours in advance if you are unable to make your appointment. After office hours you may leave a message on our voice mail. **You will be responsible for the cost of any appointments that you fail to keep or you do not cancel 24 hours in advance.**

Please let us know if we can assist you in any way, and thank you for choosing M.T. Wellness Clinic. If you want more information about us, please check out our website at [www.MTWellnessClinic.com](http://www.MTWellnessClinic.com).

Thank you,

M.T. Wellness Clinic

By signing this form, I agree that I have been informed of the policies stated above concerning my financial responsibility

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

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_