

Your insurance contract is an agreement between you and your insurance carrier. We participate with First Choice Health, Uniform Medical, Regence Blue Cross/ Blue Shield, Labor and Industries/ Workers Comp and Your Personal Injury Protection Auto Claims (No third party claims). You are responsible for the payment of deductibles, copayments and any non-covered services at the time of your office visits. It is your responsibility to get an authorization/ referral from your insurance company or primary care physician if that is required or you will be charged the full amount due on the day of the visit. As a courtesy we can provide you with a receipt containing your out of pocket cost you make directly to us that you can submit for reimbursement of HSA and out of network insurances. We are not responsible for any dispute or payment reimbursement with insurance companies of those cost paid to us. By signing below you agree to and understand the above statement.

Your name _____
Signed _____
Date _____

You have received or were offered a copy of your HIPAA rights. At any time you can receive a copy of these rights.

Your name _____
Signed _____
Date _____

My phone, texts and email correspondence with you is NOT encrypted. This means that any information you share with Structure Bodywork and Massage or that Structure Bodywork and Massage shares with you in these formats is not encrypted and therefore inherently insecure. My fax for medical sharing is hipaa compliant and encrypted. By signing below you consent for correspondence between you and Structure Bodywork and Massage in a non encrypted format, i.e. Phone, texts and emails.
correspondence.

Your name _____
Signed _____
Date _____

