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AGREEMENT REGARDING INSURANCE COVERAGE

Even though you may have insurance, *your particular coverage may or may not cover the total amount of your treatment bill.* It behooves you to know your particular health insurance benefits, as they vary widely from plan to plan. It is important to remember that unless you have made other arrangements as detailed below, *you are ultimately financially responsible for the balance due for treatment fees* after your insurance has paid its share.

It is also important to remember and understand that *payment for missed appointments is your responsibility* as per the signed cancellation agreement — insurance companies will not pay for appointments when services have not been rendered.

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Please acknowledge your agreement by initialing the statements below:

_____ I understand that *my particular insurance coverage may or may not cover the total amount of my treatment bill.*

_____ I acknowledge that *I am ultimately financially responsible for the balance due for treatment fees* after my insurance has paid its share.

_____ I understand that insurance companies will not pay for missed appointments and that *payment for missed appointments is my responsibility* as per the signed cancellation agreement.

if applicable:

_____ I agree to pay for treatment by Allan Kaplan LMP on the schedule detailed below should my insurance not cover the entire balance due.

_____ payment of balance at time of coverage termination notification.

_____ payment of balance on alternative schedule:

_____ payments of \$_____ every _____ week(s) / month(s).

client _____ date _____