



Consent for Myoskeletal Therapy / Remedial Massage and Consent to Bill Authorization

Patient Name: _____

Legal Guardian: _____ (If patient is under 18)

CONSENT TO BE TREATED: I hereby give consent to be treated by the professional staff of Manchester-Bedford Myoskeletal LLC. I understand that treatment modalities used for my care are intended as appropriate for my condition and/or injury.

I understand treatment is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve joint mobility, and offer a positive experience of touch. I understand the general benefits of Myoskeletal Therapy and remedial massage, possible contraindications, and treatment procedure have been explained to me.

I understand that Myoskeletal Therapy / massage therapy is not a substitute for medical treatment or medications and that it is recommended that I work concurrently with my primary care provider for any condition I may have. I am aware that the therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of therapy.

I am aware that certain appliances and equipment typically used in the treatment of soft tissue within the scope of standard massage practice may be used during my treatment with my permission. I understand that any muscle retraining or strengthening exercises given are suggested and not prescribed.

I have informed the therapist of all my known physical conditions, medical conditions, and medications, and I will keep the therapist updated on any changes. I understand that there shall be no liability on the practitioner's part due to my forgetting to relay any pertinent information.

If I experience any pain or discomfort during the session, I will immediately communicate that to the therapist so the treatment can be adjusted appropriately.

I have reviewed the clinic policies; I understand them and agree to abide by them.

Sign: _____ Date: _____

CONSENT TO BILL INSURANCE/ASSIGNMENT OF BENEFITS: Only sign the following section if you consent to Manchester-Bedford Myoskeletal LLC filing insurance claims on your behalf.

1. I understand that Manchester-Bedford Myoskeletal (MBM) makes every effort to verify my insurance benefits and to comply with my insurance company's requirements. I understand that the information received from my insurance company is not a promise of coverage or payment and could contain errors. I affirm and agree to assume full financial responsibility for all charges issued.
2. I understand that MBM strongly suggests that I contact my insurance company and confirm my out-of-network benefits and whether I or my out-of-network provider will be reimbursed.
3. I authorize the release of all information necessary to verify and process a claim for insurance benefits including diagnosis, results of exams, and clinic notes. I authorize all payments for treatments be made directly to Manchester Bedford Myoskeletal LLC or its providers unless my policy dictates otherwise.

4. I appoint Manchester-Bedford Myoskeletal LLC to act as my Authorized Representative with my insurance company and/or any third party involved with my course of care.
5. I understand that co-pays and co-insurances are due at check-in or check-out as appropriate, and all deductibles are due upon receipt of an Explanation of Benefits from my insurance company.
6. I understand that should my past due account be sent to a licensed collection agency, a 15% service charge (as allowed by New Hampshire law) will be added to my balance. All collection costs (including but not limited to attorney's fees and court costs) are my responsibility.
7. I understand that MBM staff may recommend that I receive certain treatment(s) and/or purchase certain items which are not covered by my insurance. I understand that is my responsibility to know of any limitations imposed by my insurance company and that I am free to decline such services and/or suggested purchases. I understand that I will be financially responsible for these charges.
8. I understand that if any portion or entirety of a claim is denied by my insurance company, I will be financially responsible for all charges for that claim unless MBM has a contract with my insurance company whose terms and conditions take precedence.

Sign: _____

Date: _____

