



P. Leilani Berry, LMP 206-914-3885

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Payment Policies

- You can choose one of the following payment options.
- Auto accident and on the job injuries have additional information.
- Please ask if you have any questions.

Same Day Pay - Massage \$35-160

You pay the same day as the massage is performed and you receive an administrative/bookkeeping discount.

Billed Rate - Massage \$40-160

We bill your insurance company, auto insurance, the Dept. of Labor of Industries, or a third party. Applicable co-pays, coinsurance and payments towards your deductible are due at the time of service. We contract with almost every major insurance company in Washington, and we will NOT bill you for the any difference between our rate and the contracted/adjusted rate as a preferred provider [except the applicable co-pay, deductibles, and co-insurance percentages.] If however your insurance does not pay the bill, you are responsible for any charges indicated by the insurance company as the "patient's responsibility" on their explanation of benefits. For details about what is covered and your plan specifics, please contact them directly for details.

On the Job Injuries

If your claim is allowed, we will bill for services and you pay nothing. If your claim is denied or closed, you are responsible for all the applicable charges.

Auto Injuries

We will gladly bill your auto insurance company. If the responsible party is someone else's auto insurance company or in the case of delayed payment, we will require lien against your settlement for the delay in payment. In either case, you are responsible for any charges that are not paid for by insurance.

In the case of billed rates, we will need you to sign a similar document giving your permission to the office of P. Leilani Berry, LMP to release your medical information or other information necessary to process your billing. We need you to sign it in order to specifically request payment by made directly to the office of P. Leilani Berry, LMP. And finally, your signature will verify you have read the above and have been given an opportunity to ask questions and have them answered.

Patient (Print) Name: _____

Signature of Patient or Adult in case of Minor

Date