



Meg Robsahm, M.Ed., LMP, NCTMB  
www.CompassionateTherapies.com  
425-422-8455

## Everett Massage Rates and Policies

All rates and policies are subject to change. Restorative, Therapeutic & Oncology Massage; **inclusive of Manual Lymphatic Drainage and/or Hot Stone massage.**

Minutes	Rate (\$)
30	45.00
45	75.00
60	90.00
75	113.00
90	135.00
120	170.00

### Office Payment Policies:

- I accept Cash, Check, Visa or MasterCard at time of service payable to Compassionate Therapies /Meg Robsahm.
- Regular rates billed at another time will incur an additional charge of \$25.00.
- For those 65 years old and older, please ask about a discounted rate on 60 minutes of service or more.

### Insurance:

- If your major medical insurance covers massage, I will provide you with a receipt, or super bill, to submit for reimbursement. As an out of network provider, I do not bill major medical companies. You will need a prescription from your doctor including the number of treatment sessions and diagnosis code. Please be sure to contact your carrier to see if they accept a super bill prior to your session.
- If you have a Flexible Spending Plan, you may choose to submit paid receipts for reimbursement. If you have a Debit/Credit Card attached to that plan, you may use that to pay at time of service.
- I currently do not bill directly to major medical insurance companies. As this changes and I become a provider, I will be sure to inform you.
- I will bill L & I or Personal Injury claims if I can verify you have an open claim. This charge is billed at \$27.00 per 15 minute unit; CPT: 97124.

### Change of Schedule Due to Illness or Emergency:

This policy is extremely important for everyone's well being. Many of my clients have highly compromised immune systems and are at increased risk of exposure to illness. If you are within 4 days of a contagious illness such as a cold or flu, please call and reschedule your appointment; I will do the same for you. I do not charge for this change in schedule, assuming we reschedule your appointment within a reasonable time. If you are currently being treated for cancer, and experience changes in your health prior to your scheduled appointment, please *do not hesitate* to contact me directly via phone.

### Policy on "No Showing" and Cancellations:

**Not showing for an appointment will result in a full charge. If cancellations are not made within 24 hours, payment is required. Showing for an appointment, and declining service will result in a full charge.** If you have an L&I, or Personal Injury claim, I cannot bill them for your missed appointment and you will be responsible for this out of pocket expense.

### Right of Refusal:

I reserve the right to refuse service to anyone. This includes but is not limited to those who do not complete medical information as requested by me and those who request treatment outside of my scope of practice. I will also exercise this right if anyone arrives under the influence of alcohol or recreational drugs, and **I reserve the right to charge for session time even if services were not rendered.**

### Patient Agreement: (Please check appropriate boxes)

- I have read the above policies, and agree to abide by them.
- I have read and received a copy of the Privacy Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_