



Payment Policies

By the office of P. Leilani Berry, LMT
Therapeutic Massage www.leilanimassage.com
POB 88798, Tukwila, WA 98138
(206) 914-3885
leilani@leilanimassage.com

Payment Policies

- You can choose either Same Day or Billed Rate of the following payment options.
- Please indicate if this is auto accident and on the job injury claim related as that will require 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 a time of service administrative/bookkeeping discount. For detailed pricing list <http://leilanimassage.com/q&a.htm>

Billed Rate - Massage \$80-160
We bill your medical 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 many of the major insurance company in Washington, and we will NOT bill you for the any difference between our rate and the contracted/adjusted rate except the applicable co-pay, deductibles, and co-insurance percentages as outlined by your plan details. 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 and ask them these details http://leilanimassage.com/billing_information.pdf

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, LMT 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, LMT. 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