

# Payment Agreement

I \_\_\_\_\_ understand that my massage therapy sessions will be billed through my insurance carrier. I agree to pay any co-pays up front for any services rendered. In the circumstance that insurance does not cover my services outside of allowed visits and reasonable attempts for payment made by the provider I agree to pay in full for service rendered in my behalf.

\_\_\_\_\_

( Client Signature )

\_\_\_\_\_

( Date )

\_\_\_\_\_

( Therapist Signature )

\_\_\_\_\_

( Date )

Hudson Valley Body Works  
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