Consent for Direct Billing

The Walnut Tree Massage Therapy & Wellness

The Walnut Tree is able to direct bill various insurance companies for services rendered. Your consent is required for direct billing.

I, _____(member's name as it appears on the plan), hereby authorize the Provider, The Walnut Tree Massage Therapy & Wellness Inc., to submit my claims electronically to my group benefit plan and I authorize the Insurer to issue payment directly to the Provider if that service is available. In the event the Insurer declines my claim(s), I understand I remain responsible for completing payment to The Walnut Tree for services rendered. If I am a spouse or dependent, I confirm that I am authorized by the plan member to execute an assignment of benefit payments to the Provider.

I understand that, if requested, a valid Visa or MasterCard may be kept confidentially on file in case the Provider encounters a problem with billing. Your card will never be charged automatically. The Provider will first call you and the insurance company to rectify the situation, and only charge the card as a last resort.

I also understand that the clinic's 24-hour cancellation policy will not be waived due to insufficient benefits.

Today's date:_____

Member signature:_____

Insurance Company:_____

Group/Policy #:_____ ID #:_____

Your date of birth: (YYYY) _____ (MM) _____ (DD)_____

Are you the primary insured member on this plan? (circle) Y or N

If not, what is the primary insured member's full name?_____

Primary insured member's relationship to you:_____