

Patient Contract



Benefits, Risks, and Alternatives to Care

Chiropractic and massage treatments are effective for improving musculoskeletal function, reducing pain, and enhancing mobility. However, as with all healthcare treatments, risks are involved, including:

- Temporary symptom increase (hours to days)
- Skin irritation or burns from topical products, cupping, Gua Sha, or manual contact.
- Muscle or ligament sprains/strains (resolving in days to weeks)
- Potential for minor fractures
- Disc injury or aggravation
- Very rare risk of stroke from arterial damage (no proven direct causation)

I understand that treatment outcomes are not guaranteed. I release Flourish Chiropractic Spa, its providers, and staff from any liability for adverse outcomes, except in cases of gross negligence or willful misconduct.

I understand I may choose alternative treatments such as rest, exercise, medication, or other healthcare providers. I agree to communicate any concerns or discomfort during care.

Initial to Agree: _____

Consent to Treat

I understand and consent to chiropractic adjustments, massage therapy, and manual or physical therapies as recommended. I understand treatment involves physical contact and consent to professional touch and treatment. I agree to communicate any discomfort during care and can discontinue the appointment at any time.

Initial to Agree: _____

Understanding Your Insurance Benefits

We will bill your insurance as a courtesy using common codes (e.g., 98940, 97110). Massage therapy billing requires a diagnosis/prescription. Insurance may take 3-12 weeks to process. Statements will be sent for balances due within 7-14 days. Late fees apply to unpaid balances. Payment plans are available without late fees.

Initial to Agree: _____

Good Faith Estimate

I can request an estimate of charges based on my treatment plan. I understand actual costs may vary based on my insurance coverage and I am responsible for uncovered services.

Initial to Agree: _____

Financial & Insurance Acknowledgement

I acknowledge that my insurance policy is an agreement between myself and the insurer. I am financially responsible for copays, deductibles, coinsurance, and any services not covered. Insurance verification is not a guarantee of payment. Any overpayments will be refunded.

Initial to Agree: _____

Credit Card Authorization

By your electronic signature of this form, you authorize charges to your credit card through Jane Payments for services rendered. These charges will appear on your bank/credit card statement as Flourish Chiro & Massage. You have the right to request a paper copy of this document. I authorize Flourish Chiropractic Spa to charge my credit card through Stripe in Jane Payments.

Cancelation Policy: I also agree that my credit card can be charged for any session that is not cancelled at least 48 hours prior to the scheduled session. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Flourish Chiropractic Spa in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that if transactions are disputed and the banks finds that they are valid charges, that I will be subject to a \$45 fee per claim. I acknowledge that credit card transactions could be linked to Protected Health Information.

Initial to Agree: _____

Turn page 

Social Media and Reviews

If you leave a review or follow us on social media (@flourishchiropracticspa), may we thank you or follow back? No health-related info will be shared.

Initial to Agree: _____

Cancellation Policy

Please cancel at least 48 hours before your appointment. Missed or late cancellations may be charged the full service fee:

- Initial Chiropractic (1 hr): \$198
- Initial Chiropractic (40 min): \$158
- Extended Chiropractic: \$120
- Regular Chiropractic: \$82
- Massage 60 Min: \$102 / 90 Min: \$160

Same-day reschedules (if available) may avoid a fee. Insurance does not cover cancellation fees.

Initial to Agree: _____

Massage Therapy Disclaimer

All massage therapists at Flourish Chiropractic Spa are out of network providers with all insurance companies. We will bill your out of network massage as a courtesy if applicable, or provide a superbill upon request. However, coverage is not guaranteed, and you acknowledge that massage therapy is billed out of network and may not be reimbursed by your plan.

I agree and am aware that massage therapy is out of network (Initial to Agree) _____

Late Payments

A 1% monthly interest (max 12%) applies to unpaid balances over 30 days. Balances older than 60 days may be sent to collections. Interest does not apply to payment plans. A Social Security Number is required for billing security.

Initial to Agree: _____

Balance / Surprise Billing Rights

We strive to confirm your insurance coverage, but cannot guarantee benefits. You may contact your insurer for benefit details. Uncovered services or provider charges are your responsibility.

Initial to Agree: _____

Arbitration Clause

Any dispute or claim related to services received shall be resolved through binding arbitration under the rules of the American Arbitration Association. Judgment on the arbitration award may be entered in any court with jurisdiction.

Initial to Agree: _____

Email Correspondence

We use G-Suite (with BAA) for enhanced security but cannot guarantee full HIPAA compliance. Do you permit communication via email?

Initial to Agree: _____

Patient Acknowledgment & Signature

I have read, understand, and agree to the above terms. I consent to receive treatment and accept financial responsibility as described.

Patient Name _____

Signature: _____

Date: _____

Guardian (if applicable): _____

Relationship: _____