

Whole Body Wellness

Financial Agreement

I, _____ (client), understand that my workers' compensation insurance is an agreement between me, my employer, and the insurance company.

I understand that Whole Body Wellness will assist me in billing my insurance carrier and I assign payments to be made on my behalf to this provider for any services furnished to me.

I further understand that Whole Body Wellness has a 24-hour cancellation policy and missed treatments cannot be charged to workers' compensation insurance. Unless other payment methods are arranged, I authorize Whole Body Wellness to charge my credit card \$85 (or \$120 for our Injury specialist) for any cancellation(s) outside of this timeframe.

I have read and understand this financial agreement.

Signature: _____ Date: _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Name of Cardholder (as it appears on Credit Card): _____