



Maple Valley Chiropractic & Massage, P.S.  
Ryan Donovan, D.C.

23220 Maple Valley Black Diamond Rd SE, Ste 13  
Maple Valley, WA 98038

Phone: (425)432-1449  
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**Massage Policies and Procedures**

- All our patients are required to make payment in full at the time of service unless other arrangements have been made; this includes insurance co-pays.
- If payment is **NOT** made at the time of service, you will be billed \$180.00. The time of service discount of \$90.00 is **ONLY** applicable for non-medically necessary massages paid at the time of service.
- **24 hours notice is REQUIRED to avoid cancellation fee of \$60.00 per missed appointment. (This fee is NOT covered by any insurance company)**
- Massages beginning late will end at the scheduled time and are charged at full price. The missed portion is not covered by insurance and will be your responsibility. If you are more than 15 minutes late, the appointment may be considered cancelled.
- Sexual harassment is **NOT** tolerated. If a therapist feels their safety is compromised, the session stops immediately and all of your massage privileges at our clinic will be revoked.
- **Underwear must be worn during your massage.**
- Due to liability issues, we request you do **NOT** bring your children to your massage appointment.
- Massage is **NOT** a substitute for seeing your primary care physician. Massage Therapists are not able to diagnose any physical or mental condition. If you feel you need a diagnosis, please consult your doctor.
- The actual hands-on portion of your session may be less than the full appointment time to provide time for a full health intake by your practitioner.
- You are a major part of your health care team. Massage is an integral **PART** of your health care plan. You agree to participate fully in your treatment plan and notify us of any changes in your health condition.
- **By signing this document, you agree to inform your practitioner of any pain or discomfort during the massage.**

Patient Name (printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_