



Fee Schedule for Massage Therapy

It is the client's responsibility to inquire about their extended health coverage. The client is required to pay at the time of service, at which time we will provide a statement suitable for submission.

Adult

60 minutes \$80

45 minutes \$70

30 minutes \$55

Student (under 18)

Under 18 \$75

Under 18 \$65

Under 18 \$50

*All prices include HST

A \$25 fee will be charged with ALL missed Massage Therapy appointments if 12 hours is NOT given.

Clients will be given ample notice if there is a change in the fees.

Payment options: cash, or cheque (there will be a charge of \$25 for any NSF cheques), visa or mastercard.

The therapist is not responsible for rejected claims submitted to extended health or auto insurance companies. If claims are rejected in full or in part, the client is responsible for any fees owing to the Sean Eddington RMT.

I have read the above information and understand that I am responsible for all applicable fees as mentioned above. Payment is due when treatment is rendered. Balances are NOT permitted.

Print Client's Name

Signature of Client/Parent/Guardian

****PLEASE NOTE THAT PARENTS ARE ASKED TO LEAVE THEIR CHILDREN AT HOME FOR THE DURATION OF THE TREATMENT TIME**



Informed Consent (please read carefully)

I hereby consent to treatment by the Massage Therapist of this practise. All information in my file will be kept confidential.

I understand that I will not be asked to remove any clothing above and beyond my comfort level and that only the area of treatment may be exposed at any time. It is my right to have a third party in the treatment room if I so choose.

I understand that I can, at any time, alter or change anything the therapist is doing or **stop** the Massage Therapy treatment completely for any reason if I so choose.

I have read and understand the above consent. I have had an opportunity to ask questions about its content and by signing, I agree to the above mentioned procedures. I intend this consent form to cover any treatment received while under the care of the Massage Therapist of this practice.

Print Client's

Name Signature of Client/Parent/Guardian

Therapist's Signature

Date