



1824 Johns Drive
Glenview IL 60025
Phone: 847-581-6300
Fax: 847-657-0408

Massage and Personal Training Policy

Thank you for choosing ProFormance Therapy as your healthcare provider. We are committed to providing you with quality and affordable health care.

- **Non-covered services.** Please be aware that you are voluntarily choosing to have either a non-medically necessary massage or personal training session/s. Non medically necessary services are not covered under any health insurance plan. You agree to pay at time of service for these services
- **Missed appointments.** Our policy is to charge for missed appointments not canceled within 24 hours. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.
- **MassageTherapy.** As a precaution for all of our expecting mothers and for the safety of their soon to be little ones; we **do not** provide massage therapy within the first trimester of a pregnancy.

Our practice is committed to providing the best treatment to our clients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns. I have read and understand the payment policy and agree to abide by its guidelines. By typing or signing your name and dating in the box below you are signing this form and accepting the above language. In addition, by signing this agreement, you voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury (including personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that you may experience or incur in connection with your attendance at ProFormance Therapy. You hereby release, covenant not to sue, discharge, and hold harmless ProFormance Therapy, its employees, agents, representatives of and from the Claims, including all liabilities, claims, actions, damages, cost, or expenses of any kind arguing out of or relating thereto.

Signature of patient or responsible party