

## Susan Rosen & Associates - Philosophy of Care

You matter to us. Our services are accessible, appropriate to your condition, considerate of your values and preferences, and respectful of your autonomy, time, and resources. You deserve the best care possible. That care starts with clear communication. This page is the beginning of a dialogue: informed consent is always an ongoing process. You will be given every opportunity to ask questions about both policies and treatment. As Massage Therapists (LMTs), we provide our knowledge and skills for your benefit, but the decisions in your care are ultimately in your hands.

For Patients receiving medical massage, the foundation of treatment is functional improvement in daily activities, measured by pain level, range of motion, or other applicable scales. We are health care providers, but we are not physicians: we do not diagnose illness, disease, or any other physical or mental disorder, nor do we prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. You must see primary care providers or appropriate specialists for those services.

### Patient Responsibilities

- Keep your Massage Therapist informed of:
  - Relevant medical information & changes
  - Needs and comfort during treatment (pillows, massage pressure, etc)
- Timely payment of non-covered services
- If utilizing insurance:
  - Copy of your massage **prescription**
  - **Clarify & verify** terms of your coverage

### Massage Therapist Responsibilities

- Examination and assessment
- Explanations of:
  - Procedures/techniques
  - Viable alternatives
  - Foreseeable risks
- Answer your questions
- Customized massage treatment
- Plan for further care

**Joint Responsibility:** In order to measure treatment progress, Patient and Massage Therapist work together to set a functional baseline for activities of daily life.

For those Patients utilizing insurance coverage to pay for massage treatments, it is important to be aware of what is and is not covered. This is not a comprehensive list, and policies vary greatly, so be sure to check with your insurer.

### Insurance May Cover

- Medically necessary treatment  
This means care that is:
  - To correct a presenting condition (or bring to maximum improvement) as prescribed by primary care provider
  - Appropriate for the condition
  - Provided for that condition
  - For the benefit of the Patient
  - Leads to discharging the Patient with instructions for follow-up, self-care, and prevention of future occurrences

### Generally Not Covered

- Maintenance care (also known as wellness care, palliative care, or preventive care)
- Relaxation massage
- Copays, coinsurance, and/or deductibles
- Treatments by non-contracted LMTs
- Treatments without required pre-approval
- Treatments provided beyond referral or prescription expiration date
- Missed appointment fees  
\$55 if less than 48 hours notice given (exceptions for emergency or illness)

*I hereby consent for my Massage Therapist to treat me with massage therapy. There are no guaranteed results and there are potential risks, the responsibility for which I accept in good faith. I authorize this office to release or obtain information pertaining to my condition(s) and/or treatment to/from referring medical providers or third party payers as necessary for claims, records, and payment of benefits to the provider. I acknowledge that I am responsible for payment at the time of my visit for any services or fees **not** covered by the terms of my insurance plan, including any \$55 missed appointment fees.*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_