

PATIENT INFORMATION FOR:

**BALANCE THERAPEUTIC MASSAGE
and CORE FITNESS STUDIO, LLC
238 SE 2ND AVE., HILLSBORO, OR 97123
503-358-3385**

Patient Information

Name: _____ DOB: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____
_____ Email Address: _____

Covered under an ASHN or CHP Affinity Discount Plan? _____ Please provide a copy of your Health Insurance card.

How did you find us? Internet _____ Health Ins. Plan _____ Drive by _____ Other _____

Physician's office or Patient of ours: _____

CURRENT FEE SCHEDULE

30 Minute Massage \$70 **50% Discount with payment at time of service = \$35**
60 Minute Massage \$130 **50% Discount with payment at time of service = \$65**
90 Minute Massage \$170 **50% Discount with payment at time of service = \$85**

(Discount applies to most Affinity Health Insurance Plans too.)

No Show Fee or Cancellation Fee if less than 24 hours notice.

30 Minute Massage \$15
60 Minute Massage \$30
90 Minute Massage \$45

We accept Checks and Credit/Debit Cards only, no Cash please.

Our Fee Schedule is subject to change and any changes will be posted in advance in the studio.

Please notify us in advance of your appointment if you have had any major changes in your health or if your services may be covered under an insurance benefit. Many plans require pre-authorization and/or a written referral from you attending physician, and not all insurance carriers are accepted for billing purposes.

Signature of patient or legal guardian/parent _____ Date _____

THANK YOU FOR CHOOSING US TO HELP YOU TO MEET YOUR HEALTH CARE GOALS.