



UNION CENTER FOR HEALING



Union Center For Healing Integral, PLLC
Evolutionary Medicine for the Individual and Community

Welcome to Union Center For Healing

Please take your time to fill out the paperwork and read each section carefully so you can experience your time here with minimal effort.

We will happily answer any questions you have before or during your appointment.

This packet includes:

Massage Intake Form

Scope of Practice & Consent for Treatment

HIPAA Privacy Practices Acknowledgement Form
(The complete document can be found on our website or at our office)

Communication Consent

Late Cancellation & Missed Appointment Fee

Your Insurance Information

(If you would like to better understand your benefits for our services, we have an Insurance Verification Form on our website that you can use to contact your insurance provider).

Forms for you to keep-please read before your appointment

Insurance Billing, Prescriptions, and Payment Information

Massage Therapy Preparation
Receive the massage right for you.

Map and Parking

MESSAGE INTAKE FORM

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Is it ok to contact you via email? Yes: _____ No: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Gender: _____ Marital Status: _____ Occupation: _____

Referred By: _____ Emergency contact & phone# _____

Are you currently/within the last year been under the care of your Primary Care Dr.? _____ Primary Care

Physician: _____ What conditions? _____

Is this your first Massage? _____ What are your goals for today's Massage? _____

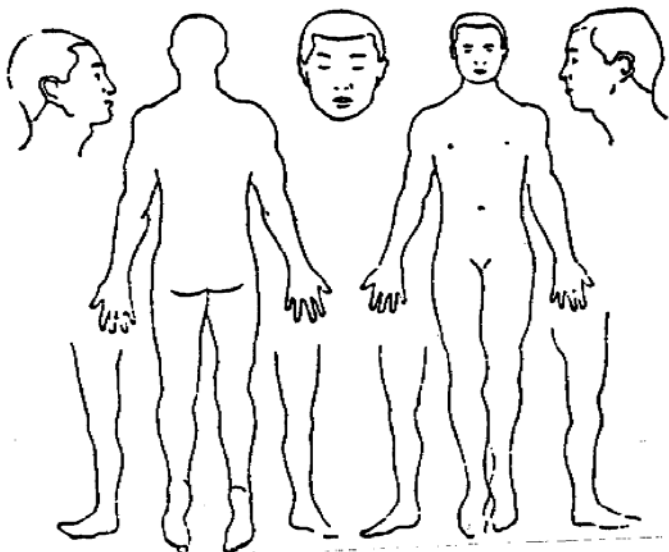
Describe your main concerns (Symptoms, onset, diagnoses, duration, etc.)

What makes your condition better? (rest, movement, heat, cold, fresh air, eating, crying, etc.) _____

What makes your condition worse? (stress, fatigue, hunger, heat, certain foods, damp days etc.) _____

Please indicate where your symptoms are occurring & indicate any pain, tenderness, burning, numbness, tingling, stiffness, swelling, bruising, open wounds, scars, etc.

;



Describe any surgeries, hospitalizations, accidents or injuries you have had:

Less than 5 years ago: _____

More than 5 years ago: _____

Personal History Please check any conditions you have now or have had in the past.

- | | | |
|--|--|--|
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Heart Attack / Stroke |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Allergy to Nut Oils | <input type="checkbox"/> Skin Infections | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Hypo or /Conditions | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Seizure/Epilepsy |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Bleeding conditions | <input type="checkbox"/> Ulcer |

TREATMENT CONSENT FORM

I understand that massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm or for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received, I agree to hold harmless and release from any liability employees of Union Center For Healing Integral PLLC for any condition or result, known or unknown that may arise as a consequence of any treatment that I receive.

I also understand and agree that if I make any illicit or sexually suggestive remarks or if I exhibit any sexual misconduct, I will be liable for payment for the "full" scheduled session, the appointment will end immediately, and I will not be allowed to receive massage at this establishment in the future.

The following are contraindications for massage (or should be consulted by your physician first):

Acute infectious diseases, Skin rashes, Atherosclerosis, Embolism or thrombus (blood clotting), Some cancers, Fever, Heart attack (OK after complete recovery), Herpes, Massage is ok when there are no visible lesions, High risk pregnancy, Skin infections, Skin lesions/open wounds/sores, Thrombophlebitis (blood clot), Diabetes with vascular dysfunction, Bursitis, Burns, Artificial blood vessels, Tendon & Muscle Ruptures. **If you have been diagnosed or are experiencing any of the above, please indicate on the Intake Form and inform the practitioner.**

I will notify the therapist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points could induce miscarriage.

Printed Name _____ Signature _____ Date _____
(Of patient, parent or representative)

LATE CANCELLATION/MISSED APPOINTMENT AGREEMENT

Please provide 24 hours advance notice of any changes or cancellations.

Appointments that are missed/rescheduled/cancelled with less than 24 hours notice will be billed \$50.

Signature: _____ Date: _____

INSURANCE INFORMATION

Coverage is not guaranteed and needs to be verified with your health plan. Although acupuncture is generally a covered service, it is only covered for certain conditions. Most plans require a prescription for massage.

Name _____ Date of birth _____
 Employer _____ Single ____ Married ____

PRIMARY INSURANCE: Insurance Name: _____
 Subscriber ID #(include letters) _____ Group # _____
 Relationship to insured: Self ____ Spouse/DP ____ Child ____ Other _____

PLEASE FILL OUT INFORMATION BELOW IF YOU DID NOT CHECK SELF:

Name on plan if not self _____ Date of Birth _____
 Address (if other than yours) _____
 Employer _____ Phone # _____

If your primary insurance does not cover acupuncture or massage but you have secondary insurance that does. We will be glad to provide you with a superbill for you to submit for reimbursement from your insurance company.

MOTOR VEHICLE (PIP) OR L & I:

Claim # _____ Company Name _____
 Billing Address: _____
 Contact Name _____ Phone number _____
 Date of Injury _____ Name of insured _____
 Attorney Name, Address and Phone _____

PLEASE READ AND SIGN:

In the event that my insurance coverage expires or denies payment, I understand that I am personally, fully responsible for all fees incurred. I agree to release any medical information my insurance company, adjustor, or the attorney involved in my case may need in order to process payment. I assign some benefits to be paid to the above named provider.

Signature _____ Date _____

HIPAA Privacy Practices Acknowledgement Form

Due to new HIPAA compliance statutes, we as a healthcare provider are required to provide you with a Notice of Privacy Practices that describes your rights as a patient and must document that every patient or client has read and received it. The form is found on our website and is available at our center for you to read and take home with you.

By Signing below, I acknowledge the receipt of the Notice of Privacy Practices at Union Center For Healing Integral, PLLC.

Printed Name _____ Signature _____ Date _____
(Of patient, parent or representative)

Communication Consent

We are required (UCFH and the individual provider) to have your consent to communicate via Email, Fullslate (online scheduling) and Text. At this time the emails, text and Fullslate are not encrypted. We are able to communicate with you by each of these forms but need your consent to do so. If you have sensitive health care information you wish to share through email, contact your provider first so we can send an encrypted message.

I consent to communicate by email, text, and Fullslate: Yes _____ No _____

Insurance Billing & Payment Information

Please take your time to read and sign below

We want you to experience your time here with minimal effort. The following information will help you become familiar with the insurance process, referrals, and Evicore. As we are a small complementary care clinic, we do not have a full time office manager. Take a moment to look online and verify your benefits and coverage.

YOUR PART:

- Confirm that your insurance covers Acupuncture or Massage, and if you need to obtain any physician referral or prescription prior to your first appointment. An insurance benefit verification form is provided on our website for your convenience.
- Confirm that your insurance plan covers the condition(s) or diagnosis for which you would like to be seen; most plans only cover certain conditions.
- Confirm the number of appointments your insurance plan allows. Keep track of this number.
- Please know the contract is between you and your insurance carrier and you are fully responsible for any amount that they do not pay. Our office does not guarantee that your insurance will pay.
- Keep track of your Evicore visits and expiration dates (some Premera and Regence plans only). Notify us prior to your visit if you need prior authorization on all follow up visits.

MASSAGE Prescriptions/Referrals: Prescriptions are needed for massage prior to the first date of service. Insurance will not cover visits without a prescription. The following information is required: Start & end dates, pain related diagnoses, number of visits, & referring doctor. Most plans only cover specific pain related conditions. Find out what is covered under your plan to be sure the condition you want treated is covered.

BILLING: Claims are submitted within 7 business days and usually processed by insurance within 30 days. If we are contracted with your plan, we agree to be paid the contracted rate, which is a set amount. Your financial obligation is the copay, co-insurance, or deductible. For your deductible, you only pay the contracted rate. **Codes billed:** Acupuncture codes billed on your first visit include (99201-99203) and the standard 97810/97811 (1-2 units), or 97813/97814. On some return visits you may also see 99212 which indicates a new condition or further evaluation. Massage is coded 97124 or 97140.

QUESTIONS about balances/claims: All calls will be returned within 2 business days. Emailing our center may result in a more timely response. **Admin@unioncenterforhealing.com**. Checking claims online will provide details about any denied visits and may answer your questions more quickly.

EVICORE: If your plan contracts with Evicore, we are required to obtain prior authorization. Currently some Premera (Massage) and Regence (Massage and Acupuncture) plans contract with Evicore. We only have 7 days to obtain authorization on a visit. If we do not receive your insurance information and referral (massage only) in time we will not be able to obtain approval for the visits. If Evicore denies your visits you may appeal to your plan directly. As we have online booking, you will need to notify our office if you are coming in so we can obtain approval if you need additional visits covered.

I understand the information above and what I need to provide for insurance processing.

Signature: _____ Date: _____

How To Receive The Best Massage & Bodywork For You

At our center, we care about what we do and tailoring your massage to fit your needs and comfort is essential to outcome. Whether you are here for a specific injury or well being, we want you to receive the care that you need. Even if you have had massage in the past, take a moment to read this page. Massage is most beneficial when you feel relaxed and comfortable. Here are some guidelines on receiving massage and how to maximize massage therapeutic benefits and your overall experience.

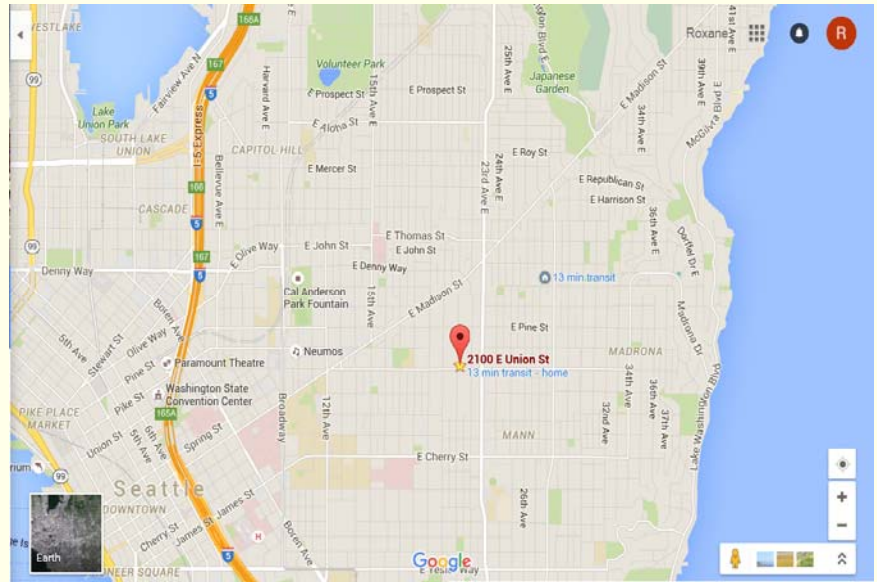
- Let your provider know of your main concerns for that day or if you have any new concerns or medical conditions, if you are pregnant or nursing.
- Use the restroom before your massage begins.
- Undress to your comfort level.

Communication is essential to receiving bodywork. Your provider will ask for feedback but please let them know if:

- There is anything you need or questions that you have so you can feel safe.
- The pressure is too much or not enough in each area worked; everyone has a different idea of what light, medium, or deep pressure should feel like.
- The temperature is too cold or too warm.
- If the music is too loud, soft, or you prefer quiet.
- If you are uncomfortable with body positioning.
- If you have any questions about treatment work or massage techniques.
- If you are nursing they can provide soft towels for laying face down.
- There are any places where you don't want to be touched.
- Any emotions or feelings come up that you would like to discuss.

Map and Directions

Union Center For Healing
2100 East Union Street
Seattle, Washington 98122



For written directions and tips on getting here and avoiding downtown, please see our website:

<http://unioncenterforhealing.com/yourfirstvisit/directions.html>

There is plenty of off street parking in front of the building!