

Fabulous Massage Seattle  
Susanne Ashland, LMP  
License # MA00021386

By signing below, I authorize payment of medical benefits directly to Susanne E. Ashland, LMP for any services provided. I understand that I am financially responsible for any amount that is not covered by my insurance carrier or other contracted organization. I understand that Susanne E. Ashland, LMP will charge 1% interest on all payments 60 days overdue, and all charges that are 90 days delinquent will be sent to Collection.

I authorize Susanne E. Ashland, LMP to furnish my health insurance company all information which the insurance payer might request concerning treatment provided. I give her permission to discuss my information with my health care team and to verify insurance coverage as needed.

I acknowledge that no guarantees, either expressed or implied, have been made to me regarding the outcome of any treatments and/or procedures. I fully understand that it is impossible to make any guarantees regarding the outcome of any medical treatment or procedure. Furthermore, I understand that a massage practitioner does not diagnose illness, disease or other physical or mental issues. I understand that massage is not a substitute for medical examination and that it is recommended that I see a physician for any ailment I might have.

Signature & Date \_\_\_\_\_

( signature of parent or guardian if client is under 18 years of age )