

Regence Blue Shield Members

Pre-Authorization Contract

I, _____, patient of Ambiance Massage & Spa, LTD agree that **if the pre-authorized date of service is not allowed for any reason**, it is my understanding that **100% of the contractual obligated amount is my responsibility.**

Ambiance Massage & Spa, LTD will make every effort to seek approval for the date of service that is requested for coverage.

Each time we have to pre-authorize for another set of visits, your therapist will fill out a pre-authorization form with you before your massage. Because we have to go over these forms with you, this will unfortunately cut into your massage time. To opt out of this process, you may pay out of pocket and not bill your insurance for your massage.

By signing this agreement, I promise to pay in full to Ambiance Massage & Spa, LTD for my massage service **if this pre-authorization is not allowed for any reason.**

Signature

Date

Witness

Date