



SELF-PAY AGREEMENT FOR
PREVIOUSLY VA-REFERRED AND TREATED VETERANS

I, _____, have requested Manchester-Bedford Myoskeletal LLC (MBM) to provide me clinical massage therapy services as a Self-Pay patient commencing _____ (date), which I understand may include Myoskeletal Therapy assessment and treatment, Remedial Massage Therapy, Clinical Massage Therapy, Massage Therapy, corrective exercise, retail products, or any other service they provide.

I understand that I am fully responsible for all of Provider's charges and fees including charges for missed appointments and no-shows, and that my insurance and the Veterans Administration is not billed or held responsible for any part of Self-Pay service charges.

I understand that MBM clinic notes will not be submitted on my behalf to my VA physician unless I direct MBM to do so in writing or direct my physician to request them. I also understand that my physician's records are not available to MBM unless I direct my physician to forward them or request MBM to obtain my records from my physician.

Print Name Signature Dated

Below signature is required if this form is used as treatment gap between VA-referred treatment and extended or renewed insurance benefits. Termination of this Agreement does not relieve patient of responsibility for payment for any service rendered in good faith under this Agreement.

I withdraw/terminate this Agreement as of the date of the signature below:

Print Name Signature Dated